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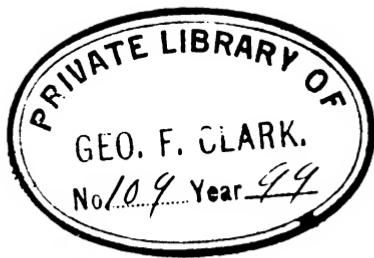
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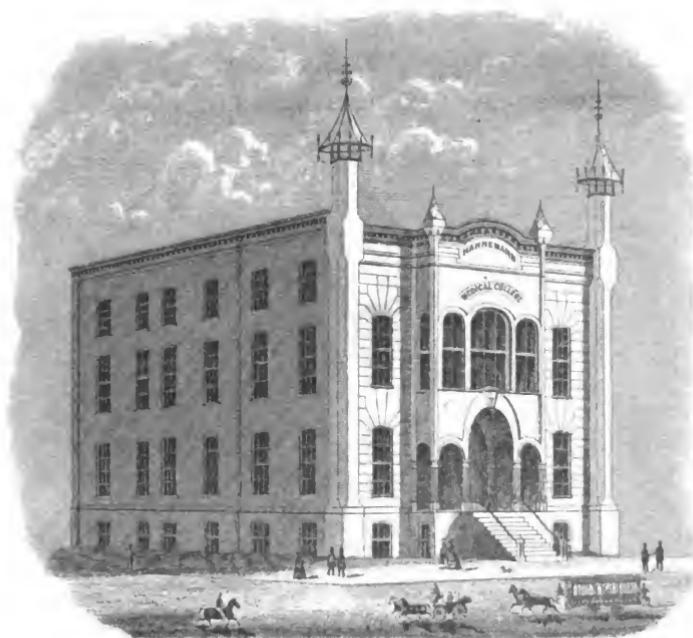
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AMBLYOPIA.

By A. E. SMALL, M.D.

THE sense of sight is dependent upon a healthy condition of the optic nerve, or its net-like expansion on the inner surface of the eye, termed the retina, and this is found to consist of three layers. The external of these is described by Dr. Jacob as a thin, serous membrane; the middle is exclusively nervous, and the internal is a vascular structure; and so intimately are these delicate membranes related to the *cerebro-spinal* centres, and thence to the nervous system of the organic functions, that almost any derangement of the animal economy may affect them in a manner calculated to weaken and impair the sight. By the term amblyopia is understood a functional weakness of the optic nerve, or the retina, and a consequent defect of vision. There are many grades of this disorder, each of which is the effect of some cause operating to impair or depress the vitality of the optic nerve. A gastric irritability, a biliary derangement, a vascular excitement, or a cerebro-spinal phlogosis, may severally operate as causes that implicate and weaken the function of the retina so much that it becomes manifest in obscurity of vision. But how such an effect is made to result from these derangements can hardly be

explained, and yet a fair interpretation of facts and symptoms connected with defective or morbid alterations of sight affords the only guide in the employment of remedial agents.

It must be borne in mind that amblyopia has usually been regarded in the light of incipient amaurosis, and embraces every degree of defective vision, from mere dim-sightedness to that of any dullness short of complete blindness; for, so long as any sight remains, it comes under this head, and, viewed in connection with certain pathological conditions, may come within the range of curative treatment. But when left or neglected until there is complete amaurosis, the chances for relief are few, and these entirely uncertain.

Even when dimness of vision is but one of a group of symptoms attendant on some special derangement of the nutritive or nervous systems, in order to proceed intelligently with the treatment it is manifestly proper to inquire for the primary cause. As, for instance, the intemperate use of intoxicating beverages may derange the biliary system, which becomes complicated with weakness of the eyes. Or the same difficulty may be the result of some shock upon the nervous system, as from concussion; or it may be dependent upon extreme exhaustion, brought on by fatigue, or from excessive use of the eyes; or from some habit that debilitates the nerves in general; or from over-eating, followed by gastric derangement. Thus, when the cause is known it must be removed, or otherwise but little benefit can result from treatment. But when the cause is not known, the specific pathological condition must be taken into account, and the treatment must be directed accordingly.

For mere dullness of sight, brought on by taxing or straining the eyes, *Ruta graveolens* will generally effect a cure; but the patient must not continue the cause. When the sclerotic coat is congested, and there is a fiery redness of the eyes, *Belladonna* will prove useful. When there is inflammation of the conjunctiva and lids, *Euphrasia* may effect a cure, and the dullness will pass away.

In the case of inveterate drunkards, *China*, says Jahr, is an excellent and reliable remedy. He has also found *Sulphur* and *Bell.* of equal efficacy in these cases. For dimness of

sight, as if seeing through a veil, *Calcarea*, *Lycopodium* and *Sepia* have had a curative action. When to the sight the letters appear to run into each other, when one is reading or writing, *Drosera*, *Natrum mur.* or *Silicea* will be found useful. When the vision is interrupted by dark points or misty appearances, *Causticum* and *Phosphorus* are indicated. When by luminous or fiery appearances, *Calc.* and *Sepia*. When the vision is frequently obscured, and this is manifestly the result of biliary derangement, *Sepia* will have a salutary effect. A lady subject to attacks of sick-headache and sudden obscuration of sight, at each attack was cured by *Sepia*. In a case where the patient had indulged in the habitual use of the blue pill, until her system suffered from mercurial erethism, which produced extreme weakness of vision, one or two doses of *Aurum met.*, followed with *Nitric acid*, effected a cure.

When incipient amaurosis results from any constitutional irritation or erethism, and especially if there is evidence of cerebro-spinal irritation, *Belladonna* may be given first, and afterwards *Gelsem.* or *Conium* will be likely to effect a cure. When the optic nerve appears to be torpid, and partial blindness besets the patient, the remedy may be found in *Aurum*, *Opium*, or *Phos. ac.*

Should the weakness of vision result from external causes, such as fine work, *Belladonna* may be given first, and if necessary, *Ruta* may be given one or two days after, with hopeful results. If caused by age, *Aurum* or *Baryta carb.* may afford relief.

When obscuration of sight follows the suppression of any bloody discharge, as from haemorrhage, or from suppression of the menses, *Belladonna*, may be given first, and afterwards *Nux vomica*, *Pulsatilla*, or *Sepia*. If from the suppression of any eruption, like measles, small-pox, scarlatina, etc., *Calcarea* or *Sulphur* will generally effect a cure. When the vision is obscured or interrupted by metastasis of gout or rheumatism, which is frequently the case, *Pulsatilla* and *Rhus*. are indicated.

A young gentleman, aged 22, who suffered for several weeks with inflammatory rheumatism, which finally fell into his eyes

and produced temporary blindness, was cured by a few doses of *Pulsatilla*. He was at the same time a sufferer from stiffness of the joints, which *Rhus tox.* completely cured. A remarkable case of obscurity of vision, produced by masturbation, was cured by a few doses of *China*; and in such cases, generally, a dose of *Sulphur*, followed by *Cina*, *Nux vomica*, or *Phos. ac.*, are, for the most part, curable. In the case of a scrofulous child, threatened with amaurosis, *Calcarea c.* effected a favorable change, and afterwards the employment of *Dulcamara* and *Mercurius* effected a radical cure. In the case of a clergyman, who contracted a severe cold, which affected the eyes and produced obscuration of sight, *Belladonna* and *Mercurius* effected a cure. In the case of a young man, who was violently thrown from his carriage and suffered a severe concussion, which, for several days, rendered him senseless, and in convulsions, and who, on recovering partly from the shock, was unable to distinguish persons and objects about him, *Arnica* was the principal remedy employed in curing him. *Conium* was afterwards given to remove the spinal irritation consequent upon the shock, and this remedy also had a salutary effect in restoring the sight.

When amblyopia is attended with nervous headache, *Aurum*, *Bryonia*, *Calcarea*, *Nux vom.*, and *Rhus* are remedies that may be employed. When the weakness has been produced by *coup de soleil*, *Glonoina* has proved useful, and this remedy may be followed by *Belladonna* and *China*, until the eye is able to bear the light; and, moreover, if there is at the same time a tendency of blood to the head, *Belladonna* or *Opium* may be employed, or else *Aurum* and *China*. When the hearing is affected simultaneously, *Glonwine*, *Cicuta* and *Pulsatilla* may be consulted. If there is gastric or abdominal derangements, *Nux vom.*, *Pulsatilla*, *Coccus* or *Sulphur* may be called for. If there are serious uterine ailments, *Aurum*, *Calc.* and *Sepia*. When amblyopia is attended with pulmonary derangements, *Calc.*, *Lach.*, *Lycopod.* and *Phosphorus* are remedies to be employed. In case of disease of the heart, *Digitalis*, *Lach.*, *Puls.*, and *Spigelia*. In case of epileptiform difficulties, *Ignatia*, *Hyoscyamus* and *Stramonium*.

Having briefly alluded to weakness of sight, or rather to various particulars calling for certain remedies, a still more desirable and practical view of the subject may be presented, holding up for consideration the curative action of certain remedies upon the optic nerve, when certain phenomena present themselves.

Aurum is indicated for scintillations or black spots, interrupting the vision, or for that peculiar symptom termed *Hemiopia*, or half-sight, as when everything appears to be cut horizontally and when there is tensive pain in the eyes. Such attacks have been met with in children after scarlatina, and in women after child-birth.

Belladonna is indicated by a still wider range of symptoms, and is a remedy of more speedy action. Dilated or insensible pupils, a dread of light, spasmodic motion of the eyes and lids; mist or dark spots, or these of various colors, before the eyes; and for hemeralopia in evening twilight, or diplopia, or the seeing of objects double or triple, or the objects appear red or inverted; and also when there is aching through the orbits and forehead, or shooting pains through the eyes, with red face; this remedy will have a curative action, and but a few doses will be required.

Calcarea will find a curative range when there is mistiness of sight, or appearance of gauze before the eyes, when reading; or when black motes are before the eyes after eating; and when there is dazzling of the eyes to light or intense dread of it, with dilated pupils; or when there is pressure in the orbits, or a sensation of cold in them.

Causticum will cure those cases where the loss of sight is sudden and frequent, as if a veil or film were suddenly stretched over the pupil; or where there is dim-sightedness, as if looking through fog; or where there is an appearance of black thread before the eyes.

China will cure weak sight, when the patient sees only the outline of objects near him; or when letters look pale, and are surrounded by blurred white borders, as if the eyes were filled with smoke.

Cicuta will cure that defect of vision which shows itself in

the frequent vanishing of sight, with vertigo ; or when permanent objects seem to totter and fall ; or when objects seem to be much more numerous than they really are. If they appear triple, quadruple, or quintuple, and there is aching pain in the centre of both orbits, *Cimicifuga* is also indicated.

Cina will cure photophobia, and dimness of sight while reading, when wiping the eyes causes the dimness to disappear ; and, also, when there is dilated pupils and pressure in the eyes.

Drosera is of great service when weakness of sight is caused by whooping cough, especially if there is dread of light, and when letters look pale and blurred when reading ; or when the eyes are dazzled by light, or the glare of fire.

Gelsemium is indicated where there is the appearance of mist before the eyes, and when the eyes close on looking steadily at an object ; and also for dilated pupils and confusion of sight, with heavy-looking eyes ; for obscuration of sight and dizziness ; and when, after rush of blood to the head, or apoplexy, there is an intense desire for light.

Hyoscyamus is called for when there is strabismus or illusions of sight, and stupefying pains in the eyes.

When the sight is impaired by biliary derangement, and there is mistiness, black spots and paroxysms of temporary blindness, and when the eyes are sensitive to light, *Mercurius* will generally relieve.

Nux vom. is indicated for scintillations, or black spots, or flashes, when the eyes are sensitive to the light.

Phosphorus is indicated when there are sudden paroxysms of nyctalopia, and when the patient is unable to see by day, because light is painful to the eyes.

When there is a disposition to vomit, and frequent vanishing of sight, especially when the face is pale, and when twilight causes a sensation as if the eyes are bandaged, *Pulsatilla* may be employed.

When there is mistiness of sight, that completely cuts off the sight from distant objects, *Ruta* commends itself as a remedy.

Sepia is indicated when there are black spots and stripes

before the eyes; and, for other varieties of dimness of vision, *Sulphur*, *Silicea*, *Veratrum alb.*, and *Veratrum viride* may be consulted.

Thus it may appear that almost every form of obscuration of sight may be relieved by the administration of a well-chosen remedy. Complete amaurosis may be warded off by a timely remedy; and, to preserve so important a sense as that of the vision, it is only necessary to note the earliest departures from the normal sight, and exercise the strictest care and accuracy in the application of remedies. Amblyopia has been regarded in the light of an incipient amaurosis, and may be cured, if properly treated, before complete loss of vision shuts out from the eye the beauties of creation, and brings a long and dark night over the patient.

AMPUTATION.

BY PROF. W. DANFORTH, M. D.

From the time of Hippocrates, who recommended cutting through the mortified limb at some point, "care being taken not to wound any living parts," to the present, there have been a great many improvements in the practice of Surgery, especially, is this true, in relation to the surgery of amputations, the improved methods of performing which have divested it of much of its terror and danger, and rendered it admissible not only in the case of shattered limbs, but in cases of ankylosis also, where the limb simply interrupts the progress or interferes with the business of its possessor.

These triumphs of surgery are the result of many a hard fought battle in the domain of opinion and practice; and indicate a march, often painfully slow and terribly expensive to the subjects on which the scientific advance has been made.

Celsus, who practiced in the reign of Tiberius, over eighteen hundred years ago, advised the removal of gangrenous limbs, by cutting between the dead and living parts, so as rather to take away some of the healthy textures than leave any that were diseased.

He directed that the soft parts should be divided down to the bone, and then dissected up from it for some distance, so as to allow the saw to be applied at a higher level. The rough surface of the bone was then to be smoothed off, and the soft parts being lax were brought down so as to cover the end of the bone as much as possible.

This mode of practicing amputation dates back to the Christian era, and seems to indicate a use of the ligature as well as a design to secure union by first intention.

Following Celsus, Archigenes, who practiced at Rome used the fillet encircling the limb above the site of amputation for the purpose of controlling hæmorrhage. But while doing this good service he applied the red hot iron to the surface of the stump, neglecting the dissection of the soft parts, advised by Celsus, though compensating in part for this neglect, by retracting the integuments before dividing them.

Galen, more a physician than a surgeon, declined still more from the Celsian precepts, and like Hippocrates advised amputating through the dead tissues, and applying the cautery to the residue of the mortified parts. And for several hundred years methods equally rude and barbarous continued to be employed.

During the middle ages the ligature, though used for ordinary wounds, was never thought of in amputations.

Ambroise Pare, in the middle of the sixteenth century, used and recommended the ligature. But still, although it would seem that no one could or would reject so valuable an auxiliary, surgeons generally refused to follow his practice, preferring the cautery as the safer and more expeditious method. In 1633 Fabricius Hildanus, though describing the ligature, states that the time which it occupies, and the consequent loss of blood, make it suitable only for the robust and plethoric, and declares "that he cannot sufficiently extol the excellence of the red-hot knife by which the orifices of the vessels were sealed while they were divided."

This morbid fear of hæmorrhage seems to have induced Scultetus to resort to the chisel and mallet in amputating the hand in 1665; and Purmannus mentions having seen legs

amputated in 1696 by a sort of guillotine, "which by its great weight and sharpness cuts at once the skin, flesh and bones asunder,"

Morel, of France, invented the tourniquet in 1674, and, although it was then a rude contrivance, being a stick passed through a fillet and twisted to the requisite degree of tightness, yet it led to the instrument now in use, and served to so control haemorrhage during operations as to thereby give the operator confidence and allow him time to consider the question of securing the divided vessels.

This same surgeon seems to have conceived the idea of amputating by double incision, in which the skin and fat were first cut through, by a circular sweep of the knife, and retracted for about an inch, when the muscles and bone were divided as high as they were exposed.

Step by step the circular mode of amputation was improved until, about the beginning of the present century, it may be said to have been brought to something like perfection.

The flap operation dates its origin so far back as 1678, when James Young, of Plymouth, gave direction to "raise with the long incision knife, a flap of membranous flesh covering the muscles of the calf, beginning below the place where you intend to make your excision, and raising it thitherward of length enough to cover the stump, having done so, turn it back under the hand of him that gripes, and as soon as you have severed the member, bring this flap of cutaneous flesh over the stump and fasten it to the edges thereof by four or five strong stitches."

Commencing in this way the flap operation was occasionally performed during the half of the past and the early part of the present century, finding its champion and strenuous advocate in Liston, and about twenty-five years ago it seemed likely to supersede the circular method altogether.

It was believed that the muscular cushion provided for the end of the bone by this operation was of very decided advantage, but experience has proved that the very redundancy of muscle is a decided disadvantage to the proper use of the limb; in the case of the leg, the heavy contractile flap shifts

from its position and drags down the skin over the sharp edge of the tibia, and thereby induces ulceration in the thigh; also the redundancy of muscle in the flaps excites contraction of the ham-string muscles, thereby favoring protrusion of the bone. We are speaking now of the plan of making a double flap by passing the knife close to the bone and cutting obliquely outward to the surface, retracting these flaps as far as possible and then sawing off the bone, providing thereby a redundancy of muscle in the flaps.

In addition to the objection just spoken of, the further objection occurs of encountering suppuration in consequence of the excess of flesh, which is disposed to inflame, and unite only—or most commonly—by granulation, thus delaying the process of repair several weeks, and lessening the chances of the patient's recovery.

The discovery of *Anæsthesia* in 1846, and its use since, enables the surgeon to devote all the time to the formation of his flaps and the securing of the arteries that is considered at all essential to secure a desirable result; and so it comes to pass that flaps have been cut in almost every shape, both thick and thin, long and short; each flap is praised and extolled in turn by its patron and author, until the practitioner is at a loss to know which to adopt, or having done so, what his grounds of preference are.

Without wandering too far, or stopping to discuss the different modes of procedure, we will say that reason and experience prove that we should make as thin a flap as possible. Moreover, because a thin flap heals by first intention more readily than a thick one, and we avoid muscular retraction spoken of above.

To this end, in amputations of the thigh we advise that two flaps should be made, anterior and posterior. The posterior rounded in form made by cutting squarely through the skin superficial fascia and fat, to the depth of three-eighths or half an inch, then dissecting up the flap freely from the muscles to be severed. The anterior flap cut in the same way, taking the precaution to include more of the muscle in it than in the other, so as to provide for its nutrition, and also to make up a cushion for the end of the femur.

The anterior flap should be the longest, so as to form the cicatrix posterior to the bone; these two flaps being freely raised and reflected back, the remaining flesh should be divided by a circular sweep of the knife, to the bone, strong retraction practiced, and the bone severed by the saw. The arteries should be secured by torsion (now sufficiently established to warrant its use in all cases of amputation), the flaps brought carefully together and stitched with silver wire, moderate pressure with soft lint made over the stump, and the patient kept quiet until union takes place.

Too great care cannot be taken in dressing the stump, moreover, because quite as much depends on it as on the manner in which the limb is removed. The dressing should always be destitute of any irritating quality, and so arranged that the surfaces of the wound may be kept in gentle apposition throughout, while free opportunity is afforded for the escape of discharge.

Following such an operation there is an effusion of lymph, which, if the parts are in juxtaposition, glues them together, and is converted into a soft vascular structure, which soon becomes a bond of permanent union. If this plasma, or lymph, is disturbed by a clot of blood, by the presence of ligatures, or the dragging of stitches, or worse yet, interrupted discharge, its organization is arrested, and pus is the result.

The use of ligatures alone prevents union by first intention in a majority of instances, the silk absorbs serum, fermentation supervenes, and the formation and discharge of pus follows, thus defeating the healing process.

The presence of a clot of blood also interrupts the healing process. A clot will form on the stump as the result of unskillful cutting, by which the parts are notched and left uneven, thus preventing the flap from coming into so complete contact with the stump as to secure immediate union.

Bandaging the stump too tightly will cause irritation and sufficient inflammation to establish suppuration.

Imprisoning the discharge from the wound will also prevent union. There must, of necessity, be a free flow of serum from such a wound, which in itself is beneficial by way of washing

out blood, which will ooze from the minute vessels before it has time to coagulate in the wound. Dressing the stump with adhesive plaster, as is generally practiced, retains this serum in the flaps, which so distends them as to prevent union in the first place; and then its decomposition produces such acrid effects as to excite inflammation of the parts, and the formation of pus.

Meddling with the stump too early also interrupts the healing process.

It is *important* to remember that suppuration will not take place until the fourth day, so that any meddling with the stump before that time is unnecessary, and does great mischief by severing the yet imperfect and delicate tissues.

Thus it is, and the records of surgery show that a rapid cure after amputation depends more upon the stump having been treated in accordance with the principles we are now discussing, than upon the shape of the flaps, or the modes of the operation otherwise.

In general terms, then, we advise to make the flaps thin, to cut the integument at right angles with the limb, because if beveled off as in the dissecting room, the lips will slough, there not being a sufficient circulation maintained to establish the healing process; cut the stump neatly, and saw the bone carefully; secure the arteries by torsion — wait a little to see that no haemorrhage occurs. Be sure that you *secure* all the vessels. Bring the flaps carefully together, and pass four or five stitches of silver-wire near their edges, to hold them together.

Fold some lint carefully upon the stump, allowing it to fit loosely over the end, so as to admit of free discharge. Support the base of the flap gently with a roller, in order to secure juxtaposition of the parts, and to induce union by first intention. Do not meddle with the stump for four days. Then remove carefully, and re-apply the same dressings every two days until the parts are healed — removing the stitches the eighth or tenth day.

We could cite numerous instances in both military and private practice, where an observance of the foregoing rules has secured union by the first intention.

NEURO-PATHOLOGY.*

BY R. NORMAN FOSTER, M.D.

LADIES AND GENTLEMEN: In the physical organism the nervous system is supreme; and the nervous system, as was stated in our last lecture, is reducible to five cells, each distinct from the others in its location, its mode of action, and its function. A more minute account of these cells will now be in order. They are highly important, not only in their bearings upon the special subject of our course, psychical disorders, but also in the intimate relation they sustain with general therapeutics, and with the whole physiological aspect of homœopathy. In what follows, my chief authority is Maudsley, to whose admirable work on the "Physiology and Pathology of the Mind" I have so frequently called your attention.

Minute examination of the nervous system shows that the central ends of its fibres terminate in nerve-cells; so that, when any impression is made upon the body from without, it is conveyed along the nerve affected, and registered at last upon the central nerve-cell. Right here, in this cell, is the abode of sensation. Cut off communication with this cell, and no sensation results from the impression; destroy this cell, and there is no sensation. Leave this cell and its connections intact, and sensation is perfect. So much for sensation. It is precisely the same with motion, both voluntary and involuntary. The root of it all is in the nerve-cell; cut this off, and motion is impossible. The will does not act upon the bones when you move your hand, nor upon the muscles, nor upon the nervous cords or fibres, but upon the central nerve-cells, and upon these only, its orders being carried out afterwards by a whole army of subordinate structures. Now, we have here two kinds of nerve-cells — one kind that register impressions, and another that involve the power of motion. These two cells are quite distinct. The motor cell cannot register

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sensual impressions; the sensory cell has no motor power. Their locations are also quite distinct. The motor cell occupies the spinal cord; the other occupies the sensorium commune at the base of the brain.

But you see that we have quite a large amount of nervous matter still left, that is not accounted for in this distribution. Here is the massive cerebrum, the cerebellum, and the great sympathetic, still to consider. They are the abodes of three other distinct kinds of cells. The cerebrum is a mass of cells and of fibres anastomosing from one cell to another, and in these cells is the corporeal home of the intellect. Sensation is quite distinct from motion. That we all see readily enough. Now, "ideation," as Maudsley calls it, is distinct from both again, and so it has its distinct location, and its distinct set of cells to work with. And in this case, also, as in that of sensation and motion, the cell is the prime thing—all the rest is subordinate machinery.

And now a difficulty presents itself. Emotion (or the affections, or the passions, whichever term you may choose to employ,) is as distinct from ideation, sensation and motion, as these are from each other. Moreover, it is the power behind the throne of them all. Upon this point there is not a shadow of dispute or difference among psychological authors, Maudsley included. Yet Maudsley affirms that we have no sufficient reason to suppose that the nerve-cells of emotion are at all different from those of ideation. He does, indeed, refer to the fact that the posterior lobes of the cerebrum have been suggested by some as the probable seat of emotion, and also remarks that the nerve-cells of this region have a peculiar form of their own, which serves to distinguish them readily from all others. Still later experiments and investigations have confirmed this suggestion. Reasoning *a priori* merely, we must admit that some such solution of the question is imperatively demanded. The distinctness of function, character and location, that prevails among the other classes of cells, we should also expect to find everywhere. Nevertheless, we are not at liberty, in a purely scientific inquiry, to anticipate positive results; and we must, therefore, content ourselves with the

statement that the emotional element in man's nature is manifested to us through nerve-cells located in some part of the brain — whether in the cerebrum or in the cerebellum, as yet we do not positively know.

To draw, therefore, the most perfect image of the true physiological body, we have simply to place before ourselves five cells, similar in structure and form, but differing in rank and function. Let us now take a hasty glance at these five cells in their order, noting particularly their bearing upon pathology and therapeutics, and the manner in which they aid the elucidation of nervous and psychical disorders.

First; the nerve-cell of simple organic life, sometimes called the vegetative life of the body. This cell occupies the great sympathetic; is found isolated in the substance of the intestines, in the substance of the heart, and elsewhere throughout the organism. Destroy one of these cells, and you instantly stop the organic process of nutrition, reproduction, etc., in every part to which this cell sends out its nervous fibres. Let this cell be diseased and all the organic processes within the range of its jurisdiction are disordered. And in such disorders, the remedy that acts upon these cells will cure, while those that act upon the other cells will not.

Secondly; the nerve-cell of motor life. This occupies the spinal cord, principally. Clusters of these cells form the ganglia of the body. Injure the ganglion of a certain part of the spinal cord, and you will either disorder or destroy motion in all the parts over which that ganglion presides, to which it sends out nerves of motion. Again, in diseases of this ganglion, or of these nerve-cells, as with the organic nerve-cell, you administer a remedy that acts upon these motor cells, otherwise you will not cure. This motor nerve-cell out-ranks the organic nerve-cell — commands it, and co-ordinates it to itself.

Thirdly; the sensory nerve-cell occupies the sensorium commune, at the base of the brain, and from it proceeds all sensation. Destroy it, and sensation is destroyed. "Destruction of the corpora quadrigemina is the destruction of eye-sight, just as much as is the removal of the eye-ball itself." When these cells are diseased, sensation is disordered. And in such

disorders, the remedies that act specifically upon the sensory tract are alone to be relied upon.

The fourth cell is strictly parallel to all these again. It is the cerebral nerve-cell, occupying the grey matter of the cerebrum, and constituting the physical centre, not of organic life, not of motion, not of sensation, but of intelligence — of "*ideation*." Destroy this nerve-cell, or let it be diseased, and the intelligence is destroyed or disordered in all its manifestations, and here again remedies are required that act specifically upon the cerebral cells.

Fifthly, and lastly, we have the emotional nerve-cell, which occupies the cerebellum, or it may be rather the posterior lobes of the cerebrum. Bearing in mind the somewhat hypothetical character of this cell, we may be permitted to proceed. Disorder this cell, or destroy it, and the affections are deranged. Violent and base passions would manifest themselves; the affections would fasten foolishly upon improper or unnatural objects; and we would have all the symptoms of emotional insanity. And again, the remedies to be employed in this case must be such as act specifically upon this cell.

You know, from physiology, that each part of the body appropriates from the common blood that nutriment which is adapted to its own nutrition. The bones take in phosphate of lime; the nervous tissues take phosphorus itself; the inner ear forms for itself a few small crystals of carbonate of lime; the eye appropriates much water; certain tissues much oil, and so on. Now, whatever may be done in this way by the body, is done exclusively by the vegetative nerve-cell, which hereby manifests a peculiar power of choice and rejection. And this same nerve cell also manifests a similar power of choice and rejection, when drugs are administered to it. Now, just here hinges the physiological truth of Homœopathy. I know of no more conclusive proof of its truth than that furnished by this neuro-cellular physiology. The vegetative nerve-cell conveys certain specific substances to certain well-defined parts in the organism, without any confusion or faltering whatever. It conveys phosphate of lime to the bones

Calcarea carbonica to the tissues, *Nux vomica* to the spinal cord, *Cannabis indica* and *Opium* to the sensorium commune, *Belladonna* to the anterior lobes of the cerebrum, and *Ignatia* to the posterior lobes. That is to say, *Calcarea* acts upon the vegetative sphere of the body, or upon the vegetative nerve-cell; *Nux vomica* acts upon the motor nerve-cell, or the spinal cord, and from this upon all the motor machinery of the body; *Cannabis* acts upon the sensory nerve-cell, and from and by this upon all the machinery of sensation, the eye, the ear, the nose, the tongue, the skin in every part; *Belladonna* acts upon the cerebral nerve-cell, and upon all parts of the body controlled by that cell, upon the entire body so far as it is expressive of ideas, and disorders it throughout; and finally, *Ignatia* acts powerfully upon the affectional nerve-cell, and therefore, upon all things in the man that are dependent upon, or governed by, or in any degree influenced by these cells.

Say, then, that a patient is violently convulsed from head to foot, every muscle agitated, distorted, disordered in its action, where does it all come from? The motor nerve-cell in the spinal cord. These nerve-cells are convulsed, and therein lies the physiological root of the whole matter. The convulsions are not in the muscles, the bones, the sinews, or the blood-vessels; they are in these cells; and the disordered cells disorder the whole realm over which they preside. Now, *Nux vomica* produces just these convulsions, and it does so by its relation exclusively to the motor cells of the spinal cord; and since the disease lies here, in these cells, it is worse than absurd to give a remedy that will act upon any other part, and not upon this. *Nux vomica* convulses the motor cell. Now, when the motor cell is convulsed, *Nux vomica* is the medicine; first, because it acts right there primarily; and secondly, because the medicinal convulsion will stop the physiological convulsion, as one violent wave annihilates another. When the motor nerve-cell is convulsed, the result is chorea, or St. Vitus' dance, epilepsy, nervous tremors, convulsions, spasms, tetanus, partial paralysis, total paralysis, and kindred affections, everyone of which is among the symptoms of poisoning by *Strychnine* or *Nux vomica*. Therefore *Nux vomica* is chief among the

remedies for these affections. Now observe this fact, and it will give us a lucid hint as to the nature of insanity proceeding from physical causes. The above motor disturbances may all be reduced to one, instability of the motor nerve. The nerve in a healthy state is capable of easily, and unconsciously indeed, maintaining all its dependencies in a state of equilibrium and co-ordination ; this, too, under very severe strain or shock. But when diseased, this power is gone. The nerve-cell has lost its self-control ; is in a condition of intense and tremulous excitement, so that the least movement it attempts becomes irregular and even uncontrollable, spasmodic. The least jar of the body will renew the convulsive action, as seen in certain cases of spasm, where a touch of the bed-clothes, or of the attendant's finger, will renew the violent symptoms instantly. Now, what we want to say of all this is, that the spinal cord in this condition is *insane*. If a sane spinal cord feels an impression that requires reflex action, no matter how great an effort is required, it responds in an exact and orderly manner, puts forth all its energy without noise or confusion, begins its work at the right time, and ends it at the right time. But an insane spinal cord just reverses all this. It will react violently against the slightest impression ; it will not react at all against a great and legitimate demand. It acts by a succession of explosions, it begins to act before things are ready, and it will not quit when the work is done. This is insanity of the spinal cord — a derangement of bodily motion simply, but a derangement that may exhibit itself in countless different forms. Now, let us suppose this unstable condition of the element of the nerve-cell to be transferred to the sensorium commune. You are aware that an impression made upon the peripheral extremity of a nerve of touch may be conveyed to the nerve-cell in the grey matter of the spinal cord, and that this nerve-cell may respond by appropriate motion transmitted outwards by a motor nerve. This is the reflex action of the spinal cord. But you also learn from your physiology that the impression may not terminate in the nerve-cell of the spinal cord. It may pass along the cord up to the sensory tract at the base of brain, and the reflex action may take place

there, in the nerve-cell of the common sensorium. This reflex action is voluntary ; that of the spinal cord is involuntary. This reflex action is conscious, made in answer to an impression consciously received ; that of the spinal cord is unconscious, made in response to an impression unconsciously received.

The healthy nerve-cell of the spinal cord responds in an orderly manner. The unhealthy nerve-cell in a disorderly manner, so precisely with the sensory nerve-cell ; let it be destroyed, and there is no longer sensation ; let it be diseased, and we have disease of the senses, or sensational insanity. The sensorium commune is insane this time, as the spinal cord was in our former illustration, and it reacts insanely to all impressions ; it turns the world of sense topsy-turvy. A little boy will sometimes spin himself on his own axis, so to speak, until he is dizzy ; then he stops, but everything keeps on whirling around him for a short time just as when he was in motion himself. Here the sensory nerve-cell is in confusion ; it has been whirled round and round, until it has lost its place, and lost the run of things generally. The world of things so still before, now passes by in rapid motion. If this state were to continue permanently, it would be sensory illusion, or sensational insanity. When the sensory nerve-cell is healthy it discriminates with wonderful accuracy between one impression and another. It is as orderly in its action as the universe is in its presentation. This thing, it says, is bright ; that is dark ; this is yellow ; that is blue ; this is sweet, that is bitter ; this is rough, that is smooth ; and so on continually, and with infinite variety. But the sensory nerve-cell when diseased, that is to say, when insane, calls sweet things bitter, and bitter things sweet ; sees things where they are not, and does not see them where they are. As in delirium tremens, it sees blue devils, imps, snakes, spiders, and its motor re-action to escape from or overcome them is insane. So in certain forms of insanity, the patient sees frightful forms advancing upon him from hidden corners that do not exist ; in the kind face of a sympathizing friend he sees the fiendish glare of an assassin ; he smells odors of sulphur, of decaying corpses, of

burnt wool, where no such odors are ; his taste pronounces pleasant and nicely prepared food to be foul and nauseous, and greedily devours his own excrement as deliciously sweet ; he hears terrible voices, and terrible sounds, and his sense of feeling is a world of phantasm too grotesque for any sane imagination. He feels that his nose is wofully elongated and enlarged, reaching almost to his feet, and he walks in such a way as to ease the elephantine swing of it, and is very careful not to tread upon it, or strike it against a door or a chair. And woe betide the thoughtless wretch who should carelessly run against that enormous nose. Another feels that his whole body is a locomotive, he breathes with regular puffs like the sound of an engine at work, blows off when he starts or stops, works his arms back and forth like pistons, and "brakes up" in the oddest way when coming to a stand still. There was such a case in Philadelphia a few years ago. One of his great fears was that his boiler would burst some day and injure some of his friends.

Now in this insanity of the sensory tract, you cannot fail to see the analogy existing between it and the insanity of the spinal cord. In both cases, instability of the nerve-cell, weakness of the nerve-cell, and consequent irregularity of its action, spasm, convulsion, tremor is the result. Deranged motion is the sign of one condition, deranged sensation of the other.

We are now ready for the third step of our progress. An impression made upon a nervous cord at the finger end may reach the nerve-cell of the spinal cord and be reflected in motion simply, it may, however, pass on to the sensory tract, and then be reflected as sensory motion. This we have noticed. Now it may pass on still further, beyond the sensory tract, and reach the nerve-cell of the cerebrum, from which it may be reflected as ideo-motion. If the nerve-cell of the cerebrum is in a healthy state, this ideo-motor reflex action is orderly, methodical, exactly calculated to meet the circumstances ; but if the nerve-cell of the cerebrum is diseased, the reflex action is deranged, is convulsive, spasmodic, choreic, epileptoid and so on, giving us all the varied symptoms and actions of cere-

bral insanity. The ideas are deranged, distorted, disconnected in this case, as the sensations were in the preceding case, and as the motions were in the first. It is the same thing from lowest to highest; a weak, unstable, tremulous, uncertain state of the nerve-cell. In the first case we had insane motions; in the second insane sensations; in the third insane ideas.

But the disturbance may pass one step further yet, it may invade the realm of the affections, the affectional nerve-cell, and then we have emotional insanity. And here again you will see how imperatively the emotional nerve-cell is needed (theoretically, I mean), to complete our chain. All writers on insanity seem to agree in this, that emotional insanity or insanity of the affections, or the passions, is a thing very distinctly marked, and quite as separable from ideational or sensational insanity, as these are from each other. I shall hereafter give you cases, authentic cases, illustrative of each of these phases. Meanwhile it will be sufficient to say, that our hypothetical nerve-cell of affection becomes frantic in disease, and instead of displaying its proper harmonizing and co-ordinating influence, exhibits a frenzied energy, and a frightful disorder of all the affections. The sexual passion assumes the most loathsome shapes; masturbation is its very common expression; patients slaughter their own children; wives kill their husbands, and afterwards pickle their bodies with the intention of living on them; the love of wealth claims the ownership of all the world, and deems itself defrauded by the entire human race. The most fearful tragedies are enacted by the patient with intense delight, and at the same time he is overwhelmed with anguish for crimes of which he was never guilty. In a word the analogue is complete. Disordered motion of the spinal nerve-cell, has its exact counterpart in disordered emotion of the emotional nerve-cell. Furthermore, the tendency of all disorder of the motor nerve-cell is to complete paralysis, entire loss of motor power. The cell ultimately exhausts itself completely. And this too has its analogue in the fact that insanity tends steadily to complete dementia, as it is technically called, that is, to the complete loss of all ideational or emotional power. This is paralysis of the brain. Our chain lacks

one link yet, which properly came first, but which I have designedly left until the last.

There is one nerve-cell still left out of our category. That is, the vegetative nerve cell—the nerve cell that presides over the growth and general well-being of all the tissues of the body—that occupies the great sympathetic as its headquarters, and has little private offices besides scattered through the various organs of the body. Has not this nerve cell an insanity of its own also? And if so, how is it displayed? We answer, not in degenerate affections, nor in insane ideas, nor in sensory hallucinations, nor in convulsive motions, but in inflammations of the various tissues of the entire body. Inflammation is the insanity *par excellence*, the disease, you may almost say the only disease, of the human body, when you except the nervous system. Take down your works on Theory and Practice, and see if this is not so. What are the entire host of fevers there enumerated but general inflammations? What are rheumatism, gout, pneumonia, erysipelas, measles, catarrh, summer complaint, dysentery, cerebro-spinal meningitis, gonorrhœa, croup, diphtheria, and so on through quite two-thirds of the catalogue, but inflammation? And this same inflammation is the most striking result obtained by division of the sympathetic in any part of its course. The precise functions of the great sympathetic are, however, confessedly obscure. Only this much is known with certainty—that it presides over the involuntary organic movements of the body. Thus, Maudsley says that “the heart’s action is due to the ganglionic cells dispersed through its substance.” “Meissner has recently shown that nerve-cells, disseminated through the tissues of the intestines, govern their motions; and Lister thinks it probable that cells scattered in the tissues preside over the contractions of the arteries, and even the diffusion of the pigment granules in the stellate cells of the frog’s skin.” —[Maudsley.]

There still remains a sphere of the organism out-lying this last nervous system. It is represented in the lowest forms of the animal kingdom, such as are not endowed with any nervous structure whatever; humble creatures, that do not attain to the

dignity even of a single nerve. Consequently they are beneath our notice; for the nervous system is the special object of our present inquiries. And in what we have now said of this system, we have given, so far as that could be done within the compass of a single lecture, the most advanced theory of insanity, in so far as it is of purely external or physical origin. In so far as it is of psychical origin, the theory of it is analogous, though still quite different; and to this psychical phase of the subject we must devote a part, at least, of our next lecture. To conclude for the present, let us sum up in a few words all that has been thus far affirmed. We have presented us the following cells:

Posterior cerebral, or emotional nerve-cell;
Anterior cerebral, or ideational nerve-cell;
Common sensory, or sensational nerve-cell;
Spinal, or motor nerve-cell;
Sympathetic, or organic nerve-cell.

They represent the whole nervous system; they are subordinated in function and in dignity, in the order in which we have placed them — the higher cell controlling and co-ordinating all below it. Each cell has its own special faculty and function; and when it is diseased, it exhibits a corresponding specialty of disorder — which fact is the natural and physiological basis for a division of insanity into five distinct phases. The true divisions of physical insanity are the natural divisions of the nervous system. There is a harmonious system of communication existing between these five cells, so that any influence affecting one of them, may be transferred to one or more of the others. Any given influence, however, may be directly reflected from the cell first impressed by it; or it may pass on and be reflected by the second; or still further, and be reflected by the third; and so on to the last. A learned professor once undertook to illustrate this matter to his class by using a harpooned whale as an illustration. The cell of sensation, he said, felt the harpoon, and immediately telegraphed along the proper wire to the cerebral cell, "Harpoon in tail;" and the head promptly telegraphed back, "Switch tail and upset boat." As a rough illustration, the story will answer a

good purpose. But it is very inexact if we descend to particulars. The fact is, the organic or sympathetic nerve-cell would first be affected by the harpoon ; and if the impression made by it were slight, would quietly go to work to inflame and suppurate the harpoon out, the cell of sensation never taking cognizance of the fact. But if the wound were greater, the influence would not be all reflected by the sympathetic, but the overplus would pass on to the motor cell, which would respond by a reflex motor attempt to get rid of the weapon. The endeavor made by us during sleep to escape from cold, or any annoyance, is of this simple reflex motor character. The spinal cord performs the work for us spontaneously, sensation, which implies consciousness, having no part whatever in the matter. But if the impression made by the harpoon in question were to be still deeper, it would not all be reflected by the spinal cord, but a surplus would remain for transmission to the nerve cell of sensation, and this would reply by a sensory motor impulse—by a voluntary movement to get rid of the harpoon. If the hurt were still too great for this cell to endure all alone, it would send the overplus impression to the cerebral nerve cell, and an idea, and an ideo-motor movement would be the response. And, finally, if the wound were sufficiently painful, the impression would be reflected still more profoundly to the emotional nerve cell, and the response would be from the aroused and angry affections, putting forth the entire sum of the animal powers, to resist and resent the injury.

Now if, instead of an injury of this kind inflicted upon the organism, we suppose it to be suffering from some form of disease, we have a similar case. The disease may first assail the vegetative sphere, and gradually advancing from plane to plane in the organism, may finally implicate the whole. The cases are strictly parallel. The disease is the harpoon, and the different nervous centres respond to it in succession, each displaying its own peculiar nature and function in the response. Suppose that the disease affects first the lowest nerve-cell, and is reflected outward along its motor filaments ; the result is inflammation and its train of diseases. And, as the disease has power enough to send an overplus of impression to the next

cell, it will there be reflected as disordered motion; in the next as disordered sensation; and so on to the last. The route by which disease sometimes travels in the organism is precisely the route by which all nervous influences travel—just as in communities honest men and rogues travel along the same highways. It now remains to present you with a series of cases, authentically recorded, which will clearly illustrate this matter, showing the different phases of insanity (or unsoundness), here theoretically mapped out; showing, also, the metastasis from one nerve-cell to another, and the consequent metamorphosis of the disease itself. All of which is deferred until our next lecture.

I cannot close this lecture without alluding to the finest generalization that modern science has achieved—because the nervous system in its graded order is a perfect illustration of it; that generalization is, that the human body is the epitome of the whole animal kingdom. The lowest forms of animal life have no nervous system. The next in order have the sympathetic system only. The next have the spinal or motor system. The next have the sensory system also. The highest have the cerebral system. Man has this system in its highest perfection. You will therefore see that the human nervous system includes in itself all the nervous systems of all animals, while in it the highest forms have reached their highest development. The same is true of the vascular system, the osseous, the muscular, and lastly, of the psychical. Moreover, in his foetal development, man begins his career as a simple cell, the lowest known form of animal, and passes through the whole animal kingdom in its order, before he attains his complete human shape. The statement is true in whatever way you turn it, therefore, that he is an epitome of the entire animal kingdom. The doctrine reaches further yet, and if fairly carried out will show him to be an epitome of the universe, both spiritual and natural. This truth is as old as the hills. The ancients called man the microcosm, or miniature universe. And this fine generalization of modern science is simply the scientific phase, the modern demonstration, of a grand truth that the human mind could, many centuries ago, grasp securely, and hold tenaciously, simply as its highest intuition.

GONORRHœA.

BY PROF. T. S. HOYNE, M.D.

GONORRHœA is a violent inflammation of the mucous membrane of the urethra, accompanied by a purulent discharge, and is produced by the contact of a specific virus. The word gonorrhœa literally means a flow of sperm; the disease was so named because the older writers considered the discharge a flux of semen. Of the nature of the specific virus which gives rise to this affection, but little is known. The discharge containing it does not differ, chemically or microscopically, from mucous discharges occurring in other situations. It has been definitely ascertained, however, that the virus is not identical, but is distinct from that of syphilis, and it does not affect any other tissue except the mucous. The specific poison is found usually in a purulent discharge from the urethra, although the mucous membrane of the anus, eye, or nose may furnish the same specific discharge if inoculated with the poison.

The parts usually affected in the male, are the urethra, inner surface of the prepuce, and the head of the penis; in the female, the urethra is not often affected, the disease being confined to the vagina, mucous membrane of the vulva and uterus.

The disease manifests itself from two to eight days after an impure connection, that is, the symptoms are not well marked before the second to eighth day, although the poison probably acts immediately upon the affected tissue. In rare cases the disease is developed in a few hours; in others again, the affection does not make its appearance for fourteen days. Males with a large orifice of the urethra, and those with a long, narrow prepuce, are most subject to the disease. The symptoms make their appearance in the following order: the first being a titillation along the course of the urethra and at the end of the penis, increased considerably by an erection. This symptom is usually, not always, accompanied by a feeling of weight in the penis. Upon examining the penis, the orifice is

found to be red, swollen, and stuck together by a thin, whitish secretion; if the penis is pressed between the thumb and finger, a small quantity of watery mucus oozes out; there is not much scalding or burning in urinating at this time. In a short time the discharge becomes abundant, thick like cream, and of a light yellow color, staining the linen; or in some cases the discharge is mixed with blood, due to the rupture of some minute blood vessel. The glans penis now becomes hot, red, swollen, tender and painful, and the prepuce enlarged and œdematosus. The pain in voiding urine is very severe, the patient feeling as if he could bite a nail in two. Erections occur almost nightly, often several times a night, producing excessive pain and hindering sleep. In many cases, in addition to these symptoms, there are tensive and drawing pains in the spermatic cords and testicles. The disease is now at its height, and from this time on, the symptoms become less severe; the inflammatory stage is over, the erections occur but seldom, and the burning during micturition is slight. The disease rapidly subsides, leaving a whitish, viscid, stringy discharge, which gradually disappears or remains for a long time, when it is called gleet. A discharge similar to gonorrhœa is sometimes occasioned by leucorrhœa, or by the menstrual flow, by the exposure of the parts to a cold wind, and by the use of new wine or unfermented beer. The persons most liable to this affection are those of a scrofulous diathesis, or of a weakened constitution.

In regard to the pathology of gonorrhœa, it is only necessary to state that it is an inflammation of the mucous tissue of the urethra, commencing at a small spot in the anterior portion of the canal, extending backwards its entire length, and forwards involving the prepuce. This membrane presents the same appearance as inflammation of other mucous structures. It becomes red, the follicles are enlarged, there is a hypersecretion of mucus, becoming purulent, and the membrane becomes thickened, diminishing the size of the canal and of the stream. When the inflammatory action is unusually severe, there is an effusion of lymph or plastic matter into the spongy substance of the urethra, causing that painful affection known

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as chordee. Gonorrhœa may be complicated with balanitis, cystitis, chancre, bubo, retention of urine, haemorrhage, epididymitis, phlebitis of the penis, or abscess of the urethra, prostate gland or perineum. Balanitis, or gonorrhœa puria, is simply an inflammation of the head of the penis and prepuce. Cystitis or inflammation of the bladder, is due to the extension of the inflammation from the urethra to the bladder. Chancre, of course, is not caused by the gonorrhœal poison, but may exist at the same time. Bubo may be present in connection with the chancre, or may follow the gonorrhœa. In the latter case the bubo will be found usually on but one side, and below Poupart's ligament—the number of ganglions involved, varying from one to four. Retention of urine is occasioned by spasm of the neck of the bladder, excited by inflammatory irritation of this structure. Haemorrhage, I have already stated, is due to the rupture of some minute blood vessel of the urethra. It is of rare occurrence, and takes place only during a violent erection. Epididymitis or inflammation of the epididymis, is usually the result of a repulsion of the gonorrhœal inflammation by exposure to cold, or by the use of powerful injections, as the nitrate of silver, sulphate of copper, etc. Phlebitis of the penis is a very rare and unusual complication. Abscesses of the urethra, perineum and prostate gland are also very rare; they are due generally, or at least happen, in persons affected with stricture of the urethra. Chordee is present in nearly every case of gonorrhœa, especially at night in bed, during the inflammatory stage. It is always attended with some pain, but when the penis, during the erection, is bent backwards towards the perineum, the suffering is intolerable.

Stricture of the urethra often follows gonorrhœa in consequence of the use of very irritating injections. Such a result does not follow proper Homœopathic treatment.

Gonorrhœa in the female is difficult of diagnosis. If the attack comes on suddenly, accompanied by heat, pain and burning along the course of the urethra, aggravated during urination, we may be pretty certain what the matter is; but if the gonorrhœa becomes chronic, and the previous history

cannot be ascertained, it is impossible to make out the diagnosis positively: but that need not interfere with your promptly curing the case. Dr. Ashwell says, "It is the duty of the physician to cure the disease, but rarely to venture upon an exposition of its nature. If he can positively affirm that it is of simple origin, let him do so, if suspicion has been aroused; if not, it is better to avoid any distinct allusion to the matter."

Prophylactic Treatment.—Whether the prophylactic treatment of this affection should be made public or not, is a question. As the disease is the result of an impure connection, the parties should suffer for their misdemeanors. Still I give you the best means known of preventing the disease. The parts should be well anointed with oil before, and well washed after connection; the urine should also be voided immediately after the suspicious connection. If these precautions are followed, there is no danger of infection.

In regard to the treatment after the disease is fully developed, the following general directions should be given to the patient: Take no more exercise than is absolutely necessary; keep the parts clean by bathing them in warm water, and by placing pledges of lint between the prepuce and head of the penis; if obliged to be on the feet much, suspend the parts in a suspensory bandage; avoid stimulants and meats, living on rice, bread, barley water, gum water, weak tea, etc. Avoid all impure thoughts. As for the remedies to be employed, every author and physician has his own peculiar set, which is better than any one's else. The symptoms should decide in this affection as in other diseases, but many physicians always give the same remedy in the first stage of every case; for instance, Grauvogl recommends *Natr. sulph.*; Wahle, *Bryonia*; Jahr, *Sepia*; Bæhr, *Merc. sol.*; Kafka. *Sulph.*; Berjeau, *Acon.*; and many others *Cannabis*. It is seldom, however, that we see cases in the first stage, as many persons imagine that while they have gonorrhœa they can contract no other disease, and thus let it run, and they are also acquainted with the fact that often the disease subsides without treatment. If I see a patient in the onset of the disease, I administer *Aconite*, which is often sufficient to cure the affection. If,

however, this remedy does not control the inflammation, we are obliged to resort to some other remedy. Almost every drug in the *Materia Medica* has been recommended for gonorrhœa, but, in speaking of the different remedies, I shall confine myself to those which have been found curative for a certain definite set of symptoms. I shall speak of them, not according to their real and comparative value, but alphabetically.

Agave Americana has been recommended for "excruciating, painful erections, chordee, strangury, drawing in the spermatic cords and testicles, extending to the thighs, so violent that he wishes to die."

Agnus castus is indicated in "old sinners" (when the inflammatory symptoms have subsided), who have no sexual desire or erections, especially if the discharge is yellow and purulent.

Ant. crud. Hemptel mentions this remedy and says it should be used in tolerably large doses. The symptoms indicating it are: burning when urinating, the urine being mixed with blood: "the urethra feels sore to the touch, knotty; the emission of urine may even be completely suppressed."

Argentum ni., the great remedy, used as an injection in old school practice, may be successfully employed, homœopathically, for the following symptoms: burning during urination, with a sensation as though the urethra were closed and sore inside, or swollen inside; the last few drops of the urine are not emitted; in addition there is a cutting pain extending to the anus, and a discharge of pus excoriating the parts (male or female). It may also be used for swelling of the penis, chordee, or for enlargement and induration of the testicle in consequence of suppressed gonorrhœa.

Berjeau recommends *Arsenicum* in gonorrhœa of the female, "when there is smarting, gnawing discharge, causing soreness of the parts with which it comes in contact; when standing, the discharge drops down, accompanied with emission of flatulence, or when there is also great redness of the parts." In the male it has been successfully employed for tearing deep in the urethra.

Aurum is also recommended by the same author "for profuse discharge which excoriates the perineum and inner parts of the thigh, with vesicular eruptions on these parts, or when labor-like pains are present." This remedy will be found useful also where there is inability to retain the urine, or stricture of the urethra, with continual urging to urinate.

Bryonia is another useful remedy in gonorrhœa of the female, when the discharge, which had almost ceased, increases again, especially if the labia are greatly swollen.

In regard to the curative power of *Cannabis* in this affection, there has been considerable dispute. Some assert that it possesses no curative properties, while others claim that it is almost a specific. The remedy is certainly of service when the symptoms indicate it; when they do not, it is about as valuable (or valueless) as most of the new remedies which have been declared specifics in gonorrhœa. It is indicated in the inflammatory stage, when the urethra feels as if drawn up into knots; when the prepuce is greatly swollen and sensitive to the touch; when there is ulcerative soreness of the urethra on touching it; when there is smarting and burning during and after urination; when there is constant urging, with difficult urination; when there is dark redness of the glans and prepuce; and when chordæ is a prominent symptom. Hempel recommends it for the symptoms which frequently accompany gonorrhœa, as rush of blood to the head, frontal headache, etc., but his doses are hardly what could be called homœopathic. He advises the practitioner to give as high as fifteen to twenty drops of the strong tincture for a dose. If *Cannabis* is the indicated remedy, the 30th or 200th will act better than the strong tincture. This remedy is also of service in gonorrhœa of the female, "when there is cutting between the labia during micturition, the orifice of the urethra also being closed with pus, there being violent sexual desire, with swelling of the vagina."

Cantharis is sometimes called for when the inflammation extends to the bladder, with tenesmus; constant desire to urinate, passing but a few drops at a time, often mixed with blood; great difficulty in urinating, with intense pain; the

discharge is yellow or bloody; excessive sexual desire, with erections at night. In the female it is indicated for swelling of the neck of the womb, for pains in the kidneys and copious debilitating discharges, especially if the symptoms are accompanied with constant desire to urinate.

Some authors advise *Capsicum* for intense burning in the urethra, with white, cream-like discharge; and others for thick, purulent, yellow discharge, accompanied with pricking, burning, cutting pains in the urethra.

Cocculus is occasionally of benefit, especially "when there is tensive, aching pain in the orifice of the urethra when not urinating."

Copaiba, Berjeau says, is indicated "for a violet smell of the urine, or when the discharge is accompanied by a cutaneous eruption like measles or nettle rash, attended with great itching." It is also useful for yellow, purulent discharges from the urethra, and for bloody urine, with constant desire to urinate.

Berjeau also recommends *Cubebæ* for the same violet odor of the urine, especially when the discharge is dark and reddish. It is useful for retention of urine also.

Calc. carb. is a useful remedy in gonorrhœa of the female, when the discharge is burning or milky; also in gleet, especially in fat, lymphatic persons. The general symptoms are well marked when this remedy is called for. *Cham.*, likewise, may be used in female gonorrhœa, when the discharge from the vagina is yellow, acrid, smarting or watery.

Carbo. Veg., if the gonorrhœal discharge is very offensive, will prove curative.

Conium I have used when the testicles are indurated, especially if the patient has been the subject of frequent nocturnal emissions.

Hempel advises *Dulc.* for gonorrhœa from suppressed tetter.

Hydrastis has been used as an injection with more or less relief of the smarting during urination.

H-par sulphuris has been found of service in scrofulous persons when the discharge is white, yellow or fetid.

Kali nit. is used by the French and other physicians for

frequent urging to urinate, with burning during and after urination.

In gonorrhœa of the female, *Kreas.* is of service if the discharge is bloody, acrid or yellowish, and of a foul odor, especially when accompanied with smarting in the external parts.

Merc. should always be used when the gonorrhœa is complicated with chancre or phymosis, unless the remedy has already been used to excess, when *Nit. ac.* would be better adapted to the case. It is also indicated when the discharge is yellowish, green or purulent, aggravated at night. When the gonorrhœa is not complicated with chancre, I prefer *Merc. cor.*, but when there is a chancre I use *Merc. sol.* to the best advantage. Berjeau also recommends this remedy "when the orifice of the urethra is inflamed, and the fore part swollen with suppuration between the glans and prepuce, the glans being red, hot and painful when touched, accompanied with burning pain and itching, stinging and throbbing in the urethra, the urine passing with a feeble stream." In the female it will prove serviceable if the vagina is swollen and inflamed, with a sensation of rawness or excoriation, the discharge being acrid or greenish and purulent.

Dr. Raue recommends *Mezereum* for hæmaturia during gonorrhœa. The discharge is thin and watery, greatly increased by exercise, and the urethra is very painful to the touch.

Millefolium has been used when the discharge consists of blood and watery slime, with swelling of the penis.

Nat. mur. is the best remedy to administer after the patient has used injections of nitrate of silver.

Nit. ac. will be found of benefit in cases which have been badly treated with *Merc.*, especially when accompanied with chancres or balanitis. Some authors have recommended this remedy also for condylomata. *Nit. ac.* is just as useful in gonorrhœa of the female as of the male.

Nux vom. is an excellent remedy when the patient has been treated allopathically with copaiba, cubeb, and other hot stuffs. The symptoms indicating it are constipation, hæmorrh-

hoids, "pressive pains occurring at the orifice of the urethra when not urinating, accompanied with shuddering" and sharp, cutting pains near the orifice of the urethra, with more or less dull pain in the back of the head. In the female it is indicated for swelling of the vagina, which is very sensitive to the touch; for "gnawing, itching eruptions on the genitals; for painless discharge of yellow mucus or fetid mucus, with burning in the parts, and violent sexual desire."

Petroselinum may be used for tickling and itching in the urethra, especially near the root of the penis, with constant desire to urinate. The discharge is milky or yellowish.

Phosphorus is of service in the female when there is decided aversion to an embrace, especially if the discharge is milky.

Pulsatilla should be thought of in mild, timid persons, when the discharge is very abundant, no matter what the color; also in suppressed gonorrhœa, with swelling of the testicles. It is also useful in gonorrhœa of the female, when there is considerable pain in the uterus, vagina and labia.

Sulphur is important as an intercurrent remedy in persons of a scrofulous diathesis. In some cases it is sufficient to complete the cure, especially when there is considerable burning at the orifice of the urethra, accompanied by constant desire to urinate, the stream being smaller than usual. In the female the same general considerations indicate it, and in addition, "itching of the clitoris and burning of the exterior parts, accompanied with vesication, attended with a smarting, burning, thin discharge, especially in the morning."

Thuya would be indicated if fig-warts were present, but, as I have already stated, they are generally an accompaniment of secondary or tertiary syphilis, and not of gonorrhœa. I might mention fifty other remedies which have been recommended in this disease, but enough has been said already in regard to the treatment, which is, at best, often unsatisfactory.

It has been stated time and again that the high potencies are powerless in the treatment of gonorrhœa and syphilis. This is a great mistake, and the cases now under treatment at the dispensary, prove the truth of the assertion, that the properly selected remedy will cure in the 30th or 200th attenuation.

DYSENTERY.

BY PROF. C. C. SMITH, M.D.

I WISH to offer, briefly, some clinical experience in relation to the disease we term dysentery. At the same time I will call attention to the characteristic or "key-note" symptoms of some of the more important drugs used in this disorder; these characteristics having been found by me true guides to their proper application in disease. Among homeopathic physicians there is, I am sorry to say, a great tendency to routine treatment, and this is especially noticeable in the disease now under consideration. There is, we all know, a large number of remedies which produce a condition similar to dysentery, and it is, therefore, a very grave error, to say the least, for any physician to select out of this long list of agents two or three drugs, and make them do duty in every case of this disease to which he may be called.

Yet this, I am sorry to say, is of frequent occurrence. Consequently, many are the painful failures, bringing reproach upon our system, and causing a feeling of disgust in the mind of the physician himself, because he imagines, overlooking his own carelessness, that Homœopathy is powerless to cure. *Mercurius corr.* is a standard prescription with many practitioners in this disorder, but it will not by any means cure all cases of dysentery. Indeed, as far as I know, it is homœopathic to a very few cases, and its too frequent use when not indicated has caused, undoubtedly, a vast amount of harm.

Arsenicum is another favorite prescription with many, and I verily believe is given quite as often when not indicated as when it is. It has been terribly abused; and I will, just here, caution my brethren against the injudicious use of this powerful agent in large and repeated doses, for, I am satisfied, it has rendered some cases almost incurable.

Now, if we have so many drugs producing a condition resembling dysentery, how are we to find the proper remedy in a given case?

The answer is, we must individualize both the symptoms of the disease, and also the symptoms of those drugs which have that peculiar power of producing this condition in the healthy system, and select that remedy which contains the characteristic symptoms corresponding to the characteristic symptoms of the sick individual with whom we have to deal.

There is no other method which I know of but this, that will insure success, and no other way but this of practicing Homœopathy intelligently.

It really seems to me that Homœopathic physicians are too frequently troubled about the nomenclature of diseases, and accordingly attempt to treat diseases by name, instead of, as Dr. Wells remarks, treating the individual sick man.

If I am called to a case of dysentery, and find the patient with the following symptoms: *Shooting* and *boring* pains in the region of the navel, *increased by pressure*, the lower part of the abdomen swollen, and sensitive to pressure; distention in the *left side*, and along the track of the colon, made worse after eating; *fainting during the stool*; the stools are frequent and consist principally of bloody water. The tenesmus is *violent*; fresh air ameliorates the symptoms, and yet the patient rebels against it; hunger during the stool; *cutting pains* with *pinching* in rectum and loins; heaviness and sometimes numbness in the thighs: I at once give *Aloes*, and the relief to the patient is prompt and decided.

If, again, I find a case presenting the following characteristic symptoms: Loud rumbling in the bowels as if empty; stools composed of *faeces* and blood; pain in the back, as if bruised; *right* side of the abdomen swollen and hard, with pain as if a sharp instrument cut into a wound when pressed upon; relieved by escaping flatus; taste slimy and putrid, as of spoiled eggs; whole surface of the body very sensitive; wants to drink almost constantly, but does not know what; all drinks taste badly to him; fruitless urgency to pass water; chilliness of the back;—*Arnica* is the remedy I administer, and improvement soon sets in under its use.

Now, if a patient requires *Arsenicum* he will have *these* symptoms: *Great thirst*, while the patient drinks but little

at a time ; stools have an odor like old foul ulcers ; urine has a greenish tinge ; tongue looks blue ; sticky perspiration ; patient tosses about, cannot keep still ; will move from one bed into another ; despairs of his life ; *before the stool*, feels as if the abdomen would burst open ; *during stool*, feeling of contraction above the anus ; *after stool*, burning in rectum, and trembling in all the limbs, also palpitation of the heart ; the tenesmus is accompanied with *burning* ; after every stool, exhaustion ; eruptions often appear on the skin ; cold sweat. These are the characteristic symptoms of this drug, and if the remedy is given in such a case, a cure will be the result.

Colocynth will be the remedy, if, along with the generic symptoms of dysentery we find the patient *doubled up* with the pains, pressing something against his abdomen for relief, sometimes a pillow ; and again, if he is up, pressing his bowels against the corner of a table, or throwing himself over the foot-board of the bed ; with fruitless efforts to vomit ; prostration *after* each stool ; burning along the sacral region. When called, in the early stages of this disease, during the past season, I found *Belladonna* indicated in many cases, where the pains in the abdomen appeared *suddenly*, and *disappeared as quickly* as they came ; sharp, shooting pains. There was also great bearing down, as if everything would fall out of the abdomen, with tenderness of the abdomen to external pressure. This sudden coming and going of the pains is characteristic of this drug, and from its use in such cases I obtained the most satisfactory curative results. I found *Bryonia* promptly curative when all the pains were made worse by the least movement — even the raising of an arm over the head, with great thirst, and drinking large *quantities of water* at a time. *Merc. corr.* I used but twice last season, the only instances where it was indicated. My guide for the use of this drug is as follows : The patient is passing frequently almost pure blood ; has complete suppression of urine, or the urine is passed with great difficulty, with severe tenesmus of the bladder.

Now, notwithstanding that the patient to all appearances is undergoing severe suffering, according to all the objective

symptoms, he yet lies *perfectly quiet* and *composed*. Here we have a case for *Merc. corr.*, and under its use the urinary troubles soon pass away, and the patient is rapidly relieved of the dysenteric symptoms.

Now, *Arsenicum* has urinary difficulties among its symptoms; but it is characteristic of this drug that all its symptoms are of the most violent kind.

In the case of a lady to whom I was called early in the morning some time ago, I found her thrashing about the bed, throwing the arms about, moaning terribly, and refusing to be comforted. Her husband told me she had been in that condition all night. I gave her a dose of the 200th potency of *Arsenicum*. In a short time she became as quiet as a lamb; the bloody passages ceased, and returned no more; she went to sleep, and slept five hours, and was a well woman on the following day, except the usual prostration.

Summoned to see a lad aged 14, I found that he was passing—and had been for a number of days—stools like water in which meat had been washed, and his mother told me that his passages and sufferings were invariably worse from early in the evening until three o'clock in the morning, when he became more comfortable. The time of exacerbation pointed to two well-known drugs, viz.: *Merc.* and *Rhus*; but as only one of these has this characteristic stool, the *Rhus. tox.*, I administered it in the 200th potency, and had the satisfaction of seeing the lad improve from the time the first dose was taken.

When I am called to cases that have been running along some time under Allopathic treatment, I invariably prescribe *Nux vom.*, as an antidote to the drugging which the patient has received, and continue it at least twenty-four hours, after which I carefully examine my patient, and select the proper remedy for the symptoms as they then present themselves.

Though *Nux* is one of our leading medicines in constipation, it is, notwithstanding, a most valuable agent in dysentery, and is often indicated. Its characteristic symptoms are: *Small* and frequent evacuations with violent tenesmus, with the peculiar *pain in the back*, as if it were *broken*, in the

region of the sacrum. When these symptoms are present, this drug will have a very happy effect.

There are two drugs almost exactly like *Nux* as regards the character of the discharges; but there need be no difficulty in choosing between them when we come to note their characteristics. I allude to *Capsicum* and *Mercurius*. But these two drugs do not have the peculiar back pain of *Nux*; and while with *Nux* the pains and tenesmus cease with the evacuations, under *Caps.* and *Merc.* they continue for some time after.

It may be proper to state, before closing this hurriedly prepared paper, that in each and every case of this disease which I had in my care during the summer of 1869, I invariably used the 200th potency, and that too with the most signal success. Indeed, my success far surpassed former periods, when I did not adhere exclusively to the higher dilutions.

And now, in conclusion, allow me to add, that if we wish to succeed as Homœopathic practitioners, we must make these distinctions in using the multitude of remedies we have at our command. Otherwise our prescriptions are virtually no better than those of the opposite school of practice. And we soon find ourselves, almost unconsciously, falling into the deplorable habit of prescribing according to guess-work, in direct opposition to those rules laid down by Hahnemann, which, if rightly followed, lead to the utmost precision—a precision hitherto altogether unattainable in medicine.

SPINAL IRRITATION.

BY PROF. D. A. COLTON, M.D.

AT present spinal diseases are attracting much of the attention of the profession; and they well may, as the evils incident to them are "legion."

It is an easy matter to treat simple diarrhoea or vomiting; but when either of them is dependent upon affection of the spinal column, there are many more difficulties to encounter. It is in the treatment of such cases that it behooves the practitioner to inquire diligently and find the origin of the malady he has in hand. If vomiting is dependent upon an affection of the genito-urinary organs, it may be treated somewhat differently from what it would be if only occasioned by indigestion. So, if nausea and vomiting were excited by spinal irritation alone, they would not be treated in precisely the same way as if caused by utero-gestation. Finding the seat and cause of a malady, we at once observe a course of local treatment suggested, as well as a definite plan of internal medication. Does one say "the totality of the symptoms" is sufficient for all practical purposes, and the remedy prescribed in accordance with this, will cover everything? If this is all required in medication, then hygiene requires no more than pouring inside the individual, as the grand pathogenetic totality, a sufficient amount of water to cleanse from smut and scurvy.

The totality of the symptoms does not preclude the inquiry into the cause of the malady or prevent the local use of means; and it is precisely and emphatically in this catholic sense that spinal irritation is to be considered. We would go at this trouble "hammer and tongs," "insides and outsides," and, if possible, knock its insides out and its outsides in.

Spinal irritation should attract the attention of the profession, as when you take the whole extent of the spinal cord or column, you find that when irritated it may occasion symptoms which simulate those from affections of every other organ and

member. Here you have the legion of ills to be combated in "a nut-shell," or in about two-thirds of a man's or woman's spinal column. The internal medication in this irritation must be appropriate to the portion implicated. While *Nux*, *Coccus* and *Naja* might be appropriate for affection of the lower part of the column, *Arnica*, *Agaricus* and *Belladonna* might be much more applicable to the upper part of it. When the central portion is affected, it is not over-stepping the bounds of propriety, to say that quite a free range among the polychrests is sometimes allowed.

In spinal irritation, local treatment must be homœopathic. This means "similars to similars," i. e., irritation to irritation. The question is, to how great an extent may this be carried? Shall the slight and superficial irritation be treated by gentle irritants, and the deep and severe by stronger applications? Yes, to some extent; but the safe criterion to follow in all cases is found in the charge, "make your patient comfortable." Hence, the careful and discriminating physician will find out what will best subserve this purpose. Even blisters may do this in an occasional case, but not in all cases, as in *some* the remedy might appear to be worse than the disease. Salt and water, salted cerate, croton oil, cantharides, galvanism, etc., applied locally, as indicated, will be found to be of great benefit to the patient. There is no need of harshness or brutality in the use of any irritant application. It is judgment and discrimination that are to be brought into active exercise at every stage of treatment.

In spinal irritation much can be said in a hygienic way. Of diet it is generally said that it must be nutritious. This is all right as far as it goes, but it does not express but half or a third of the necessary injunction. The diet should be nutritious, and plentiful in amount; but it should be taken with due consideration. If the portion of the spine affected causes a marked degree of irritation of the stomach, as much care must be exercised in reference to the loading of that organ, as if it were a confirmed case of dyspepsia *per se*.

It is just here that a correct diagnosis suggests the proper treatment. When, however, the spinal irritability is not in

that region, and of that character as to directly affect the normal action of the stomach, there is still care to be exercised in the supply of that organ. This should be regular and at the proper time. But what I wish to dwell upon with particular emphasis, and what is not always enforced, is that the individual should eat lightly when in a state of fatigue or exhaustion. A person when exhausted by labor cannot generally take a cold bath with impunity. A warm bath is then *apropos* to the condition. Of about the same importance is the taking of large quantities of food when tired, while suffering from the malady under consideration. Arbitrary rules, however, cannot be laid down to cover every case; the judgment of patient or nurse must be called into requisition in the dietetic management of each and every case.

The kind and amount of exercise must be appropriate to each individual case. It is enjoined and re-enjoined by the progressive homœopaths of the present day to individualize cases and affiliate remedies closely, and cures will almost certainly be the result. With about the same assurance, I assert, the proper amount and kind of exercise in spinal irritation will be sure to be beneficial. The rule for this is simple and forcible. Let the exercise be of the most agreeable character, and always stop short of fatigue. The study must, therefore, mainly be to find out what kind of exercise will be most agreeable, and hence most beneficial, and how much the patient will bear. In this, as in every other kind of ailment involving the nervous, sensitive system, the kind of social companionship and sympathy should be especially observed. To oblige a patient, of the character spoken of, to associate with those whose sayings and doings are positively irksome to the mind and excruciating to the nervous system generally, is to block the wheels of curative progress.

Spinal irritation, as very sensibly stated by Dr. Hammond, appears to be generally attended with an anæmic condition of the parts about the spinal cord and column. Hence, remedial measures that would tend to relieve such a condition would be directly pathogenetic and curative in their character. Hence, positive stimulants are sometimes very happy in

their effects, as exciting a flow of blood, and more nearly normal action of the nerve-centres of animal life, of which the spinal cord forms no unimportant part.

DEAFNESS FROM SCARLATINA.

BY A. H. HULL, M. D.

Scarlatina can never prevail as an epidemic without leaving behind its terrible foot-prints. Deafness from scarlatina is so frequent and its result so unfortunate and distressing, that we cannot weary in relating our individual experiences, hoping each time to add something to our knowledge which may be of future use. The case to which I would invite your attention is typical of a large number of cases, which will be found among the sequelæ of every epidemic of Scarlatina.

CASE.—C. W.—, aged 11, has had a catarrhal discharge from the nose and ears for five years, a sequela of scarlet fever. He has a deformity of the roof of the mouth and enlarged tonsils with impediment of speech, he also has a great roughness of the skin, worse in cold weather. He was for a long time treated by other schools of practice, and finally came into my hands, on the 25th of January, 1870. The speculum reveals the following : Right ear discharged a profuse, waxy, transparent, white substance ; the membrana tympani was perfect, though very red and thickened ; the dermis of the external meatus was thickened, red and corrugated ; the orifice of the meatus was very small. The Eustachian explorer could not be introduced, from the thickening of the mucous lining of the tube. The ear was quite deaf, could not hear ordinary conversation ; the ticking of the watch was heard only by pressing the watch firmly upon the external ear. There had been severe pain in the ear occasionally since his recovery from the fever, after which the discharge was more profuse. The left ear discharged a bloody, offensive smelling matter, which was apparently from the surface of an ulcer. Upon introducing the speculum there was found a deep circumscribed ulcer

within the latter third of the canal, which nearly reached the tympanum ; the ulcer was deep and the edges were very red. The tympanum was red and deeply congested, the small arterial ramifications were so engorged that the membrane had the appearance of being an interlacing of fine, brightly polished copper wires. In this ear there was constant dull pain, with an occasional darting of sharp pain. The hearing power was entirely gone ; could not hear the ticking of a watch if pressed against the external ear ever so firmly. I ordered,

B.—Ars. iod., 2nd dec., - - - - 3 ss.

Dose two grains once in 3 hours ; and for the right ear as a local application.

B.—Hydrastin mur.—	- - - -	gr. xxx.
Ac. mur. dilut.	- - - -	gtt. xv.
Boiling water.	- - - -	$\frac{3}{2}$ vi.

Let it stand four hours and decant, put a teaspoonful of this into a teacup of warm water and inject at one sitting ; repeat three times each day.

For the left ear as a local application, I ordered the following :

B.—Carbolic acid sol.	- - - -	3 ij.
Glycerin	- - - -	$\frac{3}{2}$ ij.
Distilled water	- - - -	$\frac{3}{2}$ ij.
Mix.		

Inject one of Lewis' syringes full once in four hours. Within an hour after syringing the ear I wiped it dry by means of a small piece of sponge, attached to a gum elastic staff, which was carefully introduced into the ear and gently turned around and withdrawn. I followed the wiping with a few drops of English glycerine directly into the canal, allowing the patient to hold the head on one side until the glycerine could be felt to touch the tympanum, and then stopped the ear with fine lamb's wool. I persisted in this plan of treatment for four weeks, and within that time the diminution of the discharge was easily perceived, and the hearing in the right ear was decidedly improved. The ulcer in the left ear was less congested and the fetor was removed, but still the tympanum looked red and irritated. I did not observe any improvement in the tonsils. The obstructed Eustachian tube was relieved,

as the hearing power on that side was greatly increased. I gave internally.

B.—Merc. iod. - - - - - 3 ij.

Dose, one powder of two grains, once in four hours.

Continued my treatment, locally in the right ear as previously described. For the left ear I prescribed :

B.—Tannic acid - - - - - grs x.
English Glycerin - - - - - ½ ij.

Dose, a few drops in the ear, turning the head well to one side, to allow the medicine to come in contact with the ulcer, and stop the ear with lamb's wool ; repeat three times each day.

From this prescription I observed the ulcer to assume a different character at once ; in forty-eight hours there was a decided improvement in this ear. These prescriptions were continued for two weeks with general improvement. The enlarged tonsils were sensibly diminished, the discharge was only slight in either ear. In the right ear scarcely any discharge was seen, and the hearing power was good. The child could hear ordinary conversation.

The changeable weather was very trying to my patient, and it was just the time when we had a prevailing epidemic of a species of influenza ; many were sick in bed with it, and the patient had an attack of it. It assumed the form of violent coryza, excoriating discharge of watery thinness from the nose and ears, pain in the forehead, pain in the bones, fever, dark coated tongue, soreness of throat and enlargement of tonsils. These symptoms rapidly disappeared with the exception of the discharge from the nose and ears. For the nose locally I used the nasal douch, with the following prescription :

B.—Permanganate of Potash - - - - - 3 j
Distilled water. - - - - - 0 ij

Put a tablespoonful into one quart of water and pass through the nose at one sitting ; repeat this three times per day.

Internally I gave *Lycopodium* 6th dec. two grains, once in two hours. The discharge rapidly subsided, but the patient complained of a noise in the ears, resembling the washing of waves upon the beach. For this I gave : *Phos.* 3rd dec. in pellets, No.

5. Six pills once in two hours. The case improved under this treatment, until a complete recovery took place. The ulcer has entirely disappeared, the tympana have resumed their natural appearance, the hearing is completely restored, the tonsils are of normal size. The impediment of speech cannot, of course, be overcome, as it is of a congenital nature; otherwise the case is a complete success.

CASE IN PRACTICE.

BY O. P. BAER, M.D.

HAVING frequently been solicited to make a public report of my own case of suffering, I have now fully concluded to do so. But in order to this, I must necessarily go back to my youth and even childhood. My grandparents, upon both sides, were foreigners—German, English, and French. Generally speaking, they were all hardy, healthy, and free from any constitutional or hereditary disease whatever, save tetter (*herpes humida*), which prevailed upon the German side for at least six generations back; also near-sightedness. These two troubles were most faithfully transmitted to the present generation. In addition, I have been from birth subject to severe nasal haemorrhage, often of such severity as to produce vertigo and staggering. These attacks have never failed to cease during winter, and return regularly during the summer season, sometimes daily for two or three weeks, then again stopping for a week or two. Until I was seven years old, I knew of no other disease than that of epistaxis; but at about this time I was attacked with scald-head (*tinea capitis*), which involved my whole scalp, and lasted me for more than one long year; over eight months of which time I *wore a tar-cap* constantly. At the end of this tarry pilgrimage my head was clean alike of scab, sore and hair, as smooth as a peeled onion. Hair returned very gradually, and with it came also, much to my distress, a shortness of breath and difficulty of breathing,

which finally culminated in asthma. This lasted me more than two years, occasionally abating almost altogether, and at other times returning in violent paroxysms of dyspnoea, lasting for several days in succession. These spasmodic attacks of asthma gradually wore away as I grew in stature; and my parents emigrating to Dayton, Ohio, from Maryland, about this time, while I was in my thirteenth year, put a final quietus to the asthma. I have never had the least attack of it since. From this time up to my eighteenth year I had good health, save occasional gatherings, such as boils, felonies, and occasional inflammation and suppuration of the tonsils. At about this period, while in college, I had the misfortune to contract the *itch*—the regular old-fashioned *itch*, without the least discount upon its genuineness. This lasted more than one month, and was treated most heroically with sulphur, both in the form of ointment externally, and as an emulsion inwardly, for some considerable time. Finally I was pronounced cured by the doctor; but, to my great surprise, I was visited rather frequently thereafter, even up to the present day, with anthraxia in every possible degree of size and violence—from that of a small bulla to that of a palmar gathering of the right hand, involving the whole palmar structure, and a large carbuncle located over the eighth and ninth dorsal vertebræ—confining me to the bed and house for more than three weeks. Save these external annoyances, I enjoyed uninterrupted good health until the year 1840, when, in my twenty-fourth year, I accepted an appointment in a geological survey, in obeying the duties of which I contracted a severe cold, which produced pleurisy of so aggravating a character that my life, for the time being, was despaired of. I recovered, however, after a serious course, lasting some five weeks, of blisters, bleeding, tartarization, and mercurial purgation, to suffer from the treatment during my whole natural life; as, during the following year, hæmoptysis set in, and caused much uneasiness in the chest, particularly upon the left side, between the third and fourth ribs. Pleuritic attacks came on, from every exposure, even the slightest, and with these spells came on hæmoptysis, more or less severe. Sometimes a most active hæmorrhage would set in, producing

general tremor, vertigo, and palpitation; and I would frequently lose from a gill to more than a half pint of clear arterial blood at a bleeding; after which I would gradually recover, and probably enjoy a freedom for some two, or three, or four months; but during this freedom from haemorrhage I would cough regularly each morning on rising, raising tubercles the size of an ordinary pea, hard, cheese-like, and slightly offensive. On examination by the microscope, each tubercle showed itself to be made up of a host of minute tubercles, all more or less compactly cellular, and resembling, in their minute structure, the yeast-plant of California. These little tubercles, or granules, when examined still more minutely by a solar microscope, showed themselves to be in their turn but a congeries of organizeable material; thus showing most conclusively that tubercles, as seen when raised by consumptives, are but congeries of extremely minute, morbidly-organizable cell-life, adverse to health; being, no doubt, the result of the abnormal polarity of atoms of cell-life.

In 1847, I renounced Allopathy and embraced Homœopathy, which added greatly to my physical health. Although the disease was not cured, yet my attacks were less frequent, and not so violent. But, unfortunately, in the spring of 1850, I treated a large, foul ulcer, purely of a syphilitic character, upon the leg of a drunken Irishman, who had been abandoned to his fate by the Allopathic Hospital of Cincinnati. I treated this abandoned case, cured it, and the only remuneration I received therefrom, was the free insemination of the disease into my system, producing a tetter of both hands and face, of a vesicular character, attended by the most unhallowed burning and itching, and always worse toward evening. The vesicles were small and easily broken up, being filled with a thin, straw-colored matter. This disease resisted treatment for more than four years; always better in summer, and greatly aggravated during winter. I finally became desperate, and applied the first decimal dilution of *Rhus tox.* to my hands and face, and in twenty-four hours I was truly a picture to behold. The whole face was greatly swollen, eyes nearly closed, and both hands and face covered with vesicles resem-

bling small-pox, minus the colored margin. This state lasted some two weeks, and with the disappearance of the *Rhus* poison, disappeared also the tetter; thus I lost a pest in two weeks, that seriously troubled me for four years or more, resisting *Rhus* and all its analogues most pertinaciously, when given inwardly, both high and low.

From this time, for a few years, I met with no very marked change in my pulmonary symptoms, as haemorrhage and occasional attacks of pleurisy made their visits as usual, only occasionally getting me down to bed. In 1858, I visited the sea-coast, traveling from Maryland to Maine; but the saline air created such a difficulty of breathing, and such a constant taste of blood, that I hastened to the White Mountains, and thence through Canada home, with but little relief until after I left the lakes and their influence. I worried through the winter, with heavy colds and almost constant pain in both sides of chest; and in the spring suffered so badly that I went to Minnesota, and spent most of the summer in Minneapolis. In the early fall I returned home again, and put on my professional harness, considering myself pretty well. I performed all the various duties of a large practice, with but very little inconvenience, for nearly three years, when the discharge of tubercles became more numerous, particularly in the morning, though I discharged some throughout the entire day, at longer or shorter intervals. They never, through all the vicissitudes of climate, and exacerbations of disease, changed character in the least (they varied occasionally in quantity, but never in quality), until after I had the spotted fever (cerebro-spinal meningitis), in August, 1862; they then gradually became soft, and more offensive; but complete disintegration did not occur until the January following, when I was severely poisoned from eating apple butter, which well-nigh cost me my life. The consequent vomiting and retching strained my lungs exceedingly. Dysentery finally set in, which held me very closely for some three weeks, when I again resumed business, but continued feeble, my cough increasing more or less daily, accompanied with profuse expectoration of blood-streaked pus, mixed largely with mucus. My strength and flesh

gradually failed me. I weighed, on the first of May, ninety-one pounds, had lost all appetite, and was generally debilitated; all that seemed to be left of my former self was ambition, and a full determination to sell my life as dearly as possible. I therefore resolved to make another trip to Minneapolis. I accordingly did so, and spent the summer in that place. My appetite soon returned, and the pain left my lungs; the sputa greatly decreased, and I gained flesh as rapidly as a little child, and in less than six weeks I weighed 118 pounds, which I was doomed to lose just as suddenly, for dysentery set in, without any apparent cause or provocation, and in a few hours prostrated me to death's door. All parties gave me up as a sure candidate for the spiritual world. I was perfectly skeletonized, from which I rapidly recovered, and before winter set in, I weighed 125 pounds.

On getting up from this attack, I left all cough and expectoration behind, it being the first time for more than twenty years that I had been exempt from a morning cough. I never felt better in my life, than on recovering from this spell of sickness. Every ailment for the time seemed completely obliterated; but as in former times, so in this, I was doomed to sad disappointment, for during the autumn great gatherings of a carbuncular character attacked my lower extremities. They finally settled upon my left limb, both above and below the knee. These gatherings always ran a full course of inflammation, congestion, induration, suppuration and total disappearance, occupying some twenty days in their course. The contents, under the microscope, were very much the same as the tubercular discharge from the lungs, with the exception that it was more decomposed. When, however, I lanced them early, and removed the core forcibly, it showed all the peculiarities of the pulmonary tubercle. For the first two years I rarely had more than ten or twelve at a time, repeated every two or three months; but being large and extremely painful, they often lamed me very much indeed. Chills and feverishness accompanied each crop. After this, or during the third year, they gradually lessened in size, but rapidly increased in number and frequency, until, within the

last two years, they seldom numbered less than fifty, and often as many as one hundred, running a course of from one to three weeks. There was no interval of suffering, for they were constantly coming and going. They presented every possible phase of development, from the smallest pimple to the suppurating stage. They were not spread over the whole limb; they chose two localities, one on the posterior part of the thigh, about the middle, clustering within the space of about eight inches square; and another upon the anterior part of the lower limb, from the ankle upward, some eight or nine inches, and nearly enveloping the whole limb. These spaces were perfectly volcanic, throwing off great quantities of sanguous pus after the "core" was discharged, which was more or less cheesy, the whole top of each gathering sloughed, leaving an irritable ulcer, which often spread so as to become confluent with several others, forming rugged, fiery-looking ulcers, which discharged freely for some three or even five weeks, when they in their turn would rapidly heal, and in a few weeks the same place would be re-occupied by similar tenants.

The most prevalent symptoms were: smarting, stinging, twitching, and electric-like sensations through the whole affected parts, and occasionally a spasmodic twitching through the whole limb, just as though a regular fit was about to supervene. These symptoms were all aggravated towards night, causing loss of rest, and frequently inducing palpitation of the heart and labored breathing. Such was my nightly scene, night after night for months, until last September, when my appetite failed, and with it my flesh disappeared; my strength rapidly yielded to the depressing influences, and against my will and ambition I was prostrated upon my bed, where I was confined for three months, suffering most intensely in my whole physical organism. During the latter part of this period, I was attacked with partial paralysis of the organs of speech; so much so, that the things I would say, those were the things that I did not say. Each idea seeking utterance, clothed itself in words just the opposite of those intended. From this, however, I soon rallied, under the use of *Stramonium*, followed by *Cannabis*. Though other symptoms

[October,

remained equally violent, notwithstanding every effort was made with various remedies, of both high and low dilutions, without the least effect, although each remedy was used separately, and from low to often as high as 40m ; and so determined was I, that I generally continued one remedy for five or six months before trying another. The remedies used during the period of six years were in the following order : *Calc. carb.*, *Calc. phos.*, *Merc. viv.*, *Merc. sol.*, *Merc. corros.*, *Thuja*, *Stibium*, *Lach.*, *Lyco.*, *Arsen.*, *Silicea*, *Sulph.*, *natrum sulph.*, *mezereum*; *Electricity* was also freely used, but all was apparently useless. While all my friends were despondent, I still looked for aid as coming from some source or other. About the last of *last* November, I received the *New England Medical Gazette of Homeopathic Medicine*, in which was a case reported by W. S. Briry, M.D., of a lady with bullæ or rupia of the extremities; and although my case was deeper seated than rupia, as it certainly involved the whole integumentary structure, and the muscular tissue slightly, there seemed a superficial similarity. I at once resolved to try the remedy, *Hypophosphite of lime*, which I did, by procuring an excellent article, pharmaceutical strength, from the drug store, and at once had ten grains triturated with ninety grains of sugar-of-milk, and took a grain three times per day. This I took regularly for two weeks, before I noticed any change in the appearance of the sores, though I had for several years felt a gradually decreasing suffering. From this time forward, the ulcers healed rapidly, without one single additional gathering. In nine weeks my leg was perfectly free from all ulceration whatever; the skin was somewhat discolored, of course, and is still so at this writing.

After the first signs of improvement in the ulcers, I commenced the 1st centesimal trituration, and took one dose each morning for one week; then the 3rd trituration for another week in like manner; after which I used the 10th trituration for two months, from once to twice per week; then dropped all medicine for two months or more. But about this time—in May last—I went to Indianapolis, to attend the Indiana Institute of Homeopathy, and walked too much, the result of

which was four large gatherings, two on each limb, on left foot and right shin, laming me badly for more than four weeks. But I at once resumed the third trituration of *Hypophosphite of lime*, and am again free from lameness, and the sores are healing nicely. I now promise myself an early riddance of the whole disease, as seven months have passed away, and my lungs remain perfectly free from cough or expectoration. I have had several severe colds during the past winter and spring, but none affected my lungs. My head seemed the chief trouble, but it was soon relieved. I have gained flesh, and really feel better than I have done for ten years past.

The question now very naturally comes up, have we not a very valuable remedy in *Hypophosphite of lime*, in all cases of metastasis, whether tuberculous or otherwise. I am now trying it in a case of scrofulosis, in the form of white-swelling, with marked beneficial effect. I also tried it in the case of a carbuncle between the shoulders, quite large, and debilitating. The *Hypophosphite* checked the suppurative stage, and induced healthy granulations in a very few days. Its proper sphere of action seems to be that of the suppurative stage, and the congestive stage just preceding. These are inferences drawn from my own experience mainly, and on properly proving the remedy, these views may be somewhat modified, but not entirely annulled. I propose to use it in cases of mammary abscess, indeed in abscesses of all kinds, so as to ascertain its true field of operation; also in vomica, and tuberculous affections of the lungs, and in metastasis to other organs, such as the stomach, mesentery, kidneys, uterus and inferior extremities.

Thus through empiricism, which I have all my medical life condemned, was I cured of a most dangerous malady, which resisted our best known means for apparently similar disorders; these, too, prescribed by some of our men most noted for critical judgment.

TOPOGRAPHICAL ANATOMY OF THE THORAX,
AND ITS RELATION TO INTERNAL ORGANS. *

BY PROF. S. P. HEDGES, M.D.,

* * * * *

After so much as an introduction, let us now proceed to make some topographical surveys of the thoracic region, and see if we can gain a new fact, decide some doubtful point, or bring to mind any forgotten relation. In physical explorations for the diagnosis of diseases of the thorax, the value of a correct knowledge of topographical anatomy is most fully shown. Disease of a part is its departure from the normal condition, either in shape, size, position or function. And if we correctly understand what the healthy, natural state and conditions of the organs are, we will be able to mark any deviation from such condition.

The cavity of the thorax is enclosed by an osseo-cartilaginous and muscular wall. Attached to the upper, lateral angles, if we may so term them, by means of the clavicles and scapulæ, we have the superior or thoracic extremities. By this means the external surface of the chest is cone-shaped with the base uppermost. But we must bear in mind that while the internal surface of the chest is also conical, its base is downwards. It has also two apices, one for the apex of each lung. This cavity is bounded in front by the sternum, costal cartilages of the six upper ribs and costal extremities of the ribs, together with the intercostal muscles; laterally by the ribs and intercostal muscles; posteriorly by the same and the anterior surfaces of the dorsal vertebrae.

There are two openings so called; the superior or smaller, also called the inlet of the thorax, and the inferior or larger, or outlet of the thorax. The inlet is bounded in front by the inter-clavicular notch, behind by the upper border of the

* The Introductory Lecture of the Spring Term in Hahnemann Medical College, of Chicago.

anterior surface of the first dorsal vertebra, and on the sides by the concave border of the first rib on each side. The plane of this space or inlet looks upwards and forwards, or, in other words, the direction is from before, upwards and backwards. The outlet of the thorax is bounded in front by the ensiform cartilage, behind by the twelfth dorsal vertebra, and on the sides by the last rib and the costal cartilages of the vertebral-costal ribs. The direction of the plane of this space is from before downwards and backwards. This space or outlet, is filled in by the diaphragm, which, with the exception of its crura, has its attachments to the circumference of the outlet. You will here observe that while the posterior wall of the thorax extends from the first to the twelfth rib, a distance of fourteen to sixteen inches, the anterior wall extends only the length of the sternum, or from seven to nine inches.

You will also observe that the floor of the thoracic cavity is formed by the diaphragm. The direction of its fibres is important to any well-understood idea of the anatomy of these parts. And while its superior convex surface bounds the thorax below, its inferior, or concave surface, becomes the roof of the abdominal cavity.

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Having now refreshed our memories by this short enumeration of the contents of the thorax, we will attempt to map out upon the surface some of the more important relations as aids to diagnosis. But first we must survey the thoracic surface, and establish a few anatomical stakes and corners with which we may draw the relations of interior invisible organs.

On looking at the anterior aspect of the human chest, we find that a line drawn across from the acromion process of one scapula to the same point on the other, lies almost directly over the clavicles. The clavicles are then the best surface boundaries of the anterior superior limit of the thorax. The surface markings for the anterior inferior limit of the thorax are equally plain. In front we have the ensiform cartilage of the sternum, and leading in a curved line on each side from this, downwards and backwards, we have the lower border of the costal cartilages of the vertebral-costal ribs and

the lower border of the twelfth rib, even round to the last dorsal vertebra. Between these two limits, and enclosed by the walls already described, we find contained all the thoracic viscera.

We have noticed the difference between the anterior and the posterior vertical measurement, and that the latter exceeds the former by four to six inches. It is also found that the antero-posterior is less than the transverse diameters, and that both of these diameters diminish from below upwards. The shape then of the thoracic cavity is irregularly conical increasing from above downwards. The apex, or as we have already stated, the apices, there being two, are upwards.

A most important point to bear in mind in all explorations of this region is the arching upwards of the fibres of the diaphragm. It is not always remembered to what an extent this great respiratory muscle encroaches upon the apparent size of the chest, as indicated by the previously given borders. The arch of the diaphragm extends upwards higher upon the right than upon the left side. This is occasioned by the great bulk of the liver which lies immediately beneath this section of the diaphragm. A curved line drawn along the upper border of the fifth costal cartilage and rib will mark the superior limit of the diaphragm, in the cadaver, upon the right side of the body; while a similar line along the upper border of the sixth costal cartilage and rib will mark its extent upon the left side. The diaphragm rises higher during expiration than during inspiration. The amount of this difference is about the width of a costal cartilage and intercostal space. The central tendon of the diaphragm rises higher than any other portion of it, and during expiration often ascends to the upper border of the fourth intercostal space.

We have the surface of the thorax mapped out in various arbitrary ways by different authors. But the best way in this case, as in most others, is the one least arbitrary. I prefer no definite lines or artificial subdivisions, but when speaking of the thoracic viscera, or any portion of them, think it better to mention their relation to some well-known anatomical points.

The general division of the thorax into surfaces, as the anterior, lateral and posterior, is quite necessary. Likewise, but in less degree, the anterior and posterior surfaces may be subdivided by transverse lines. A line drawn across the chest, from one nipple to the other, will pass over the fourth intercostal space. This line is important as marking the highest extent of elevation which the diaphragm ever reaches, and also marks the lower border of the upper lobe of the lungs.

* * * * *

The posterior thoracic surface has also been divided by a transverse line across the region of the spinous processes of the scapulae.

The division of the chest into symmetrical halves, a right and left, by a median line of division, is as near a natural line as can be drawn.

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Having thus stated the contents of each of the above-noticed divisions of this cavity, it will be interesting to note more carefully some of the topographical marks by which we can know when we are exactly over these important viscera. The fixed anatomical points for this purpose are quite numerous upon the anterior region of the chest. On inspection, we observe at the upper portion of this region the prominence of the clavicles as before mentioned. Although this is the most prominent surface marking of the limit of the thoracic cavity in this direction, it must not be forgotten that the apices of the lungs project above this line from one to one and a half inches, covered in by the trapezius and scaleni muscles. This curved line of the clavicles with their muscular attachments, their sternal extremities and inter-clavicular notch, we establish as fixed topographical points to which we refer the positions of the numerous important vessels and nerves which enter or leave the thorax at this its inlet.

We find also that the sternum furnishes, in its right and left borders, with their intercostal notches and costal articulations, in its extremities as well as in itself, very important points of relation. Besides these, we have the regular alternative of ribs and costal cartilages and intercostal spaces, as well as the

lower border of the twelfth rib, all valuable as topographical references. Another important mark for exact relation is found in the nipple which is situated in the fourth intercostal space, midway between the border of the sternum and the anterior boundary of the axillary space. This position for the nipple is given for the male or young female, as it is well known that after nursing children the breast becomes elongated, and the nipple is often as low as the sixth and seventh intercostal space. Upon the posterior aspect of the chest we have the spinous processes of the dorsal vertebræ, and the spines of the scapulæ with their angles and borders, as the most important points for the relation of internal organs.

With so many points upon the surface, we are greatly assisted in our efforts to arrive at a true anatomical, physiological and pathological knowledge of the thorax, its viscera and their diseases. Unlike any other portion of the body, this region seems to be by nature graduated as a scale, so that there can be no excuse if we fail to master its exact structure and function. For it is self-evident that no correct diagnosis, or differential diagnosis, of the occult diseases of the heart and lungs can be made by one ignorant of this topographical anatomy.

In the scope of our lecture this evening, it will not be possible to give the exact relation of all these prominent points to their immediate viscera, but only to mention a few relations, and thus try to stimulate you to more painstaking and correct study of the true situation of the thoracic viscera to these cardinal points, as it were, of the topography of the thorax.

Returning now to the anterior region of the chest, let us make a few investigations. It has been found that by means of long, thin, steel needles, thrust perpendicularly into the thorax of the cadaver, the average normal size and position of each viscous are most correctly delineated upon the surface. We will now theoretically pass some of these needles into and through the thorax, from before backwards, and note their relations to the thoracic contents. During this process, if you will allow the imagination some play, you can, as it were, render the chest transparent — becoming clairvoyant for the

time — in order to observe thoracic organs *in situ*. Let us in this manner pass one of these exploring needles through the middle of the sternum on a line with the centre of the second intercostal space. First, it pierces the integument, then successively the superficial and deep fasciae and the interlacing fibres ofaponuroses of the two great pectoral muscles, then the upper end of the second piece of the sternum — the gladiolus. As it enters the cavity of the chest, it first passes through the anterior mediastinum, transfixing in its course the remains of the thymus gland and the thoracic fascia and some loose connective tissue. It now pierces the anterior portion of the pericardial sac, which is the posterior boundary of the anterior mediastinal cavity, as well as the anterior boundary of the middle mediastinum. After entering this sac, it passes between the ascending portion of the arch of the aorta and the pulmonary artery — the former lying to the right, and the latter to the left of the needle. Proceeding backwards on this line, the needle passes close to the highest portion of the heart, which you will thus remember is beneath the centre of the second intercostal space, in the median line, and about one-half or three-fourths of an inch from the posterior surface of the sternum. Following the needle still further, we find that it next passes out of the middle into the posterior mediastinum, by piercing the posterior wall of the pericardium, and thence still backwards, going below the bifurcation of the trachea and between the bronchi. As it approaches the vertebral column, it occasionally pierces the oesophagus, at other times goes to the left of it, and grazing the left pneumogastric nerve, escapes from the posterior wall of the thorax by transfixing the body of the sixth dorsal vertebra and the integument at the apex of the spinous process of the fifth dorsal.

Let us now follow the course of a second needle, which we will thrust into the chest one inch to the right of the right border of the sternum, and on a line with the upper border of the third costal cartilage. It pierces successively the integument, fascia, pectoral and intercostal muscles, triangularis sterni and thoracic fascia, and enters the right half of the thoracic cavity. In thus entering, it passes external to the

internal mammary artery, but close to it, and also to the right of the anterior mediastinum. It passes through the internal border of the right pleura and the upper lobe of the lung, again through the pleura into the middle mediastinum and close alongside, and to the right of the right border of the right auricle of the heart and pericardium, at their farthest limit to the right, it once more transfixes the lung at its posterior rounded border—and grazing the right phrenic nerve as it passes downwards to the diaphragm between the right border of the pericardium and pleura, makes its escape from the cavity two inches to the right of the apex of the spinous process of the seventh dorsal vertebra.

Now let a third needle be introduced through the fourth rib of the left side, about one-half inch to the left of its sternal end. It will pass through corresponding tissue composing the wall of the chest, as needle No. 2, and also the fibres of the pectoralis minor which have an attachment to this rib. It then transfixes the left pleura and lung, passes close to the left border of the heart-case at its farthest limit to the left, and between it and the pleura, which here forms the left boundary of the middle mediastinum, and in the immediate neighborhood of the left phrenic nerve, plunges deeply into the lung tissue of the upper part of the inferior lobe of the left lung, escaping from the posterior wall of the thorax, three and a half to four inches to the left of the apex of the spinous process of the eighth dorsal vertebra.

Suppose that a fourth needle be passed perpendicularly through the thorax, piercing the integument two inches below and one inch internal to the left nipple. It passes first through the thoracic wall, and does not enter the pleura and lung here, but goes close by their right thin border, which here curves more to the left, thus uncovering the apex of the heart. The middle passes by the extreme lower limit of the apex of the heart, which is the extremity of the left ventricle as it projects below the right ventricle. This needle also lies in near proximity to the left phrenic nerve, which in this part of its course curves a little to the right to reach the left crust of the diaphragm, through which it passes to the under surface of the

diaphragm. After passing by the apex of the heart, it lies close to the upper convex surface of the central tendon of the diaphragm, and to the left of the œsophagus and left vagus. It here enters the lower part of the posterior rounded border of the left lung, and passing through this, escapes from the thorax two inches to the left of the median line of the vertebral column, near the spinous process of the ninth dorsal vertebra.

Although these four needles have revealed to us the relations of many of these thoracic viscera, yet that to which I would call your attention more particularly, is that they map out the normal position and size of the heart so plainly upon the surface as to cause our minds to take hold of it and appropriate it.

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From the deductions thus drawn from these explorations, we learn that the auricles are on a line with the third costal cartilage, and that the right one projects to the right of the sternum. The ascending portion of the arch of the aorta lies behind the sternum, and also its transverse portion, from which are given off the great arteries which go to the upper extremities; this latter portion is behind a line connecting the first intercostal spaces. The pulmonary artery also lies behind the sternum. The right ventricle forms the most of the anterior surface of the heart. It lies behind the second piece of the sternum, but projects beyond, both to the right and left, especially to the left. The left ventricle lies between the left nipple and the sternum, and also between the third and fifth intercostal spaces. The anterior surface of the heart is almost entirely covered by the pleura and lungs, except a small triangular portion of the right ventricle, and the apex of the left ventricle.

The right lung extends to the middle of the sternum for nearly its whole course, while the left lung hardly ever reaches the median line. Only in very rare cases do the lungs and pleura touch each other, which is a most merciful provision. For if in contact, we could but expect more frequent cases of double pleurisy. From the fourth costal cartilage of the left

side, the left pleura and lung curves so much to the left as to uncover the heart in this location. And here the heart lies nearest the anterior wall of the thorax. For these two reasons, this lower and most uncovered portion of the pericardium is selected for the operation of paracentesis pericardii.

The best point for the introduction of the trocar, would depend upon the size and location of the pericardium. If not much enlarged, the fourth intercostal space between the nipple and left border of the sternum should be selected. But if there is great enlargement, the fifth intercostal space immediately beneath the same point, would be the better place to puncture. The best point for the introduction of the trocar in paracentesis of the thorax, for effused fluids in the pleural cavities is, unless the fluid points in some other location, in the fifth or sixth intercostal spaces, half way between the sternum and the vertebral column. In any case of paracentesis of the pleura or pericardium, the part of the intercostal space which is pierced should be near the upper border of the rib bounding the space below, so as to avoid the intercostal artery which runs along the inferior border of each rib.

It has also been ascertained by means of these exploring needles, that the valves of the heart and of the great vessels arising from it, are directly beneath the following points. And while speaking of the valves, the same will apply to the orifices which they guard. The semilunar valves of the pulmonary artery are beneath the junction of the third costal cartilage and the left edge of the sternum. Only one-half inch lower, but placed more obliquely, we have the semilunar valves of the aorta. Less than half an inch lower still, and only a trifle to the left of the latter, or in the centre of the third intercostal space at the left edge of the sternum, we will find the mitral valves and left auriculo-ventricular orifice, while more directly under the sternum, and one inch to the right of the mitral, we have the tricuspid valves guarding the right auriculo-ventricular opening. Thus we have these valves or openings forming a rude triangle. The pulmonary valves are uppermost, the mitral farthest to the left, the tricuspid farthest to the right and also the lowest, and all of them lie within the space of a cubic inch.

The superior vena cava opens into the superior and anterior portion of the right auricle, beneath the centre of the second intercostal space, and one-half inch to the right of the right border of the sternum.

The inferior or ascending vena cava opens into the lower and posterior portion of the right auricle, beneath the centre of the third intercostal space, three-fourths of an inch to the right of the right border of the sternum.

If the foregoing facts are well borne in mind, and in addition to them one other relation which I will now proceed to give, a very practical and thorough anatomical knowledge, necessary for every-day use in the diagnosis of thoracic diseases, will be obtained. The one other fact to which I will call your attention, is the course and relations of the arch of the aorta. The position of the heart we have seen is obliquely downwards and to the left. The arch of the aorta, starting from the left ventricle of the heart, beneath the left border of the sternum, opposite the third intercostal space, proceeds upwards and to the right until it reaches the upper border of the second costal cartilage of the right side, where it turns to the left and crosses beneath the upper portion of the sternum, gradually tending towards the posterior part of the thorax. In the arch which is thus described, the convexity is upwards and to the right. In the first part of its course it lies near the sternum and in front of the root of the right lung, while in the last of its course it lies near the vertebral column and behind the root of the left lung, and becomes the thoracic aorta at the lower border of the body of the fourth dorsal vertebra.

Study up the minute relations of the several nerves and vessels and the roots of the lungs, with this course of the aorta, and a complete understanding of these complicated thoracic relations will be the satisfactory result.



FALSE PREGNANCY.*

FIRST PAPER : BY C. A. WILBUR, M.D.

I have taken for the subject of this paper, a disease of which but little is said in the books. A course of Clinical Lectures on the Diseases of Women, by Prof. J. Y. Simpson, is the only work that I have ever seen which gives any extended account of it. In it we find a very full history, including diagnosis, prognosis, treatment, etc. From this work I shall make liberal quotations in this article. Montgomery, on the Signs and Symptoms of Pregnancy, also gives a pretty full history of the subject. I refer to *spurious pregnancy*, or to use a more scientific term, pseudocyesis, from *φευδης*, false, and *κυησις*, pregnancy.

By this term is not meant the so-called false conception, which is a misnomer, the conception being real, the result only being false; nor do I purpose to treat of the spurious pregnancy, which is local, and occurs in that form of dysmenorrhœa called membranous — where a peculiar membrane is shed from the uterus and discharged at every menstrual period, the patient often imagining she miscarries at every return of the menses. It is of the constitutional disorder alone that I shall speak.

Simpson quotes from the Hippocratic writings, the following excellent description of the disease: "The menstrual fluid is determined to the mammae, and produces their enlargement, the abdomen swells, and inexperienced patients believe themselves pregnant; in truth, they present all the phenomena usually seen at the seventh or eighth month of uterogestation; the belly attains a proportional degree of enlargement; the breasts swell up, and milk seems to be secreted. But when this period has passed, and the full term of pregnancy should be complete, the mammae shrink up and diminish in size, the abdomen likewise collapses; all trace of the

* Four papers presented to the Chicago Academy of Medicine, February 8, 1870.

milk disappears, the abdomen sinks in, and all tumefaction disappears." To this quotation let me add, that sometimes there supervene all the common phenomena of *labor*, but without the common result, as the uterus is quite empty.

I will give a brief history of some cases I remember having seen. I quote from memory, and give what I know personally of the subject. The first case, and the most interesting one of all, occurred in the first days of my medical career, when I had been engaged in an extensive practice of some six weeks' duration, this being my *second patient*. I was called in the morning to attend a negro woman, a slave belonging to one of the first families in the city—being a favorite house-servant, she was granted the privilege of having a medical man to attend her in her labor. I was shown into the cabin and left alone with my patient. Everything looked favorable; the pains were going on with great regularity, accompanied with groans, sighs, and petitions for relief. The abdomen I thought of great size, and I said to myself, who knows but there are twins, and two hundred dollars instead of one hundred, in master's pocket, *likewise* honor to myself. Proceeding to make tactile examination, I found the uterus very high up, and difficult to reach; when I did reach it, to my astonishment it had the feel of one unimpregnated, very nearly normal in size. I began at once to walk the floor rapidly. What to do I did not know. I knew that women sometimes imagined themselves pregnant, but I had never heard that they went so far as to get up labor pains. I knew it would not do for me to wait there all day and produce no baby as the result of my waiting. I knew full well, also, that I would not be believed if I said that no baby would be the result. In this dilemma, I went into the house and stated the case to her mistress. She looked at me with an eye of pity, and gave me, what I expected, my discharge. I felt so much anxiety to know the result, that I called again at evening. I was not allowed to see the patient, but was told the baby was not yet born.

Sometime afterward I met my patient. I said, "Well,

Aunty, how is the baby?" "Lord bless you, young master," said she, "I never had none."

This was a case of spurious pregnancy, but I did not know what to call it at the time. For several years I saw nothing more of the kind, until I was called to see a woman whom I had been engaged to attend in her confinement, as she had passed some four weeks beyond the expected time. I was sent for to give the reasons therefor. She showed all the physical signs of being in the last stages of pregnancy; breasts full, abdomen very full, somewhat tympanitic; on making tactile examination, I found the uterus empty. Told her she was not pregnant. They sent at once for an Allopath, who tried to physic the baby into the world. No baby responded to his drugs, but by making the patient very sick, he had the credit of *doing something*, which is a great consolation to patient and friends, even if a great deal of suffering is the result. This patient could not have been over 30 years of age, this being the first year of her married life, and had never borne children. Shortly after this, I obtained the work spoken of in the beginning, and all was made clear. I also had a name for the disease. The next case was that of a maiden lady, who had been my patient for a long time. After several months' absence on a visit to her sister, she presented herself at my office, having all the external appearances of a woman in the last months of pregnancy. Besides, she believed she was pregnant; had had morning sickness, and milk in the breasts; in fact, said her symptoms were just like those of her married sisters when they were in the family way. She also believed that some man had gained access to her room while she was asleep — given her chloroform — and thus wrought her ruin, she having read of such cases in the newspapers. But as she was passing through the climacteric period, and bearing the marks of a virgin, besides having no remembrance of having suffered from the after-effects of chloroform, which I described to her, I pronounced her case one of spurious pregnancy. She went away quieted — but not convinced. In a short time, all the symptoms suddenly vanished.

In another case, I was merely "a looker-on in Venice."

This was that of my sister, then thirty-three years of age ; had been married several years ; had never borne children ; when I saw her, she was supposed to be in the last days of her pregnancy, and I saw nothing to throw any doubt over such a belief, not being allowed to make any close examination. She had, in addition to other symptoms, repeated attacks of haemorrhage, such as we see in placenta prævia, to prevent which, her physician kept her in bed most of the time. I returned home, expecting to hear every day that she had been delivered. No such tidings came. After ten months of supposed pregnancy had passed, I was told the doctors were discussing the question of ovarian tumor, fibrous tumor of the uterus, etc. After eleven months had passed, she one day had a few pains like those of labor, and all the symptoms were gone.

Another case I have lately seen in a patient I was treating for ulceration of the os uteri. The menses ceased the first of last June. After the usual time, the breasts began to fill up, the abdomen to enlarge, and other signs which had appeared in former pregnancies, also appeared. Being the mother of several children, she thought she knew what she was about. It being the climacteric period with her, and knowing what I did of the condition of the uterus, I had my doubts. She had none. At the beginning of the fifth month, the menses suddenly returned — at the same time the symptoms of pregnancy departed.

Simpson relates a number of cases, some of whom came to Edinburgh to be attended by him, several being sent by medical men who believed the patients pregnant, but could not account for the prolonged term of gestation. He relates two cases where the propriety of the Cæsarean operation was discussed, in one of which he was called to operate on a woman dying of some chest disease, and who was believed to bear in her womb a living child, but there was no pregnancy whatever.

It is an extremely difficult matter to convince such patients that they are mistaken. The repetition of some special idiosyncrasy, such as the reappearance of an eruption which

appeared in former pregnancy, or the falling off of the hair as before, confirms the patient in her belief, and puzzles her physician. She goes away silenced, to return in a few days or weeks as full in the belief as ever. Time alone unmasks the fraud which nature is practicing: often it is a long time. They go from twelve to eighteen months, often longer, before the real nature of the symptoms is revealed. A case is recorded of a lady who sought the advice of the celebrated Dupuytren, thinking she had been pregnant fourteen years. He told her, as the boy must be well grown, to swallow a tutor at once, in order that his education should not be neglected.

The disease occurs more frequently at the climacteric period. Still it *often does* occur in the first years of married life, and women often bear children afterward; it occurs also to married and unmarried alike. But the more marked cases are met among the married, often causing awkward mistakes to be made, such as preparing an outfit for the infant, engaging nurse, doctor, etc.; the symptoms resembling real pregnancy so much as often to mislead both patient and physician.

Tactile examination seems to afford the most certain means of diagnosis, provided the outline of the uterus can be made out. If we can measure the size, and determine that it is of nearly normal dimensions, or not enlarged in a degree commensurate with the alleged date of the utero-gestation, we have the most decided evidence of the falseness of the pregnancy; but this cannot always be made use of, as the abdomen may be so swollen, or the abdominal walls so filled with fat, or again, so tender, so sensitive to the touch, as to prevent a satisfactory examination. Chloroform, if given deep enough, is said to relax the abdominal muscles completely, and they are said to remain relaxed while the patient is under its influence. I have never seen the experiment tried, but have read of several cases in the journals where it proved an effectual means of diagnosis. Strangely enough, as the patient emerges from the effects of the anaesthetic, the abdomen resumes its former swollen condition.

Of the pathology I know but very little, but should think

there must necessarily be a diseased condition of either ovaries or uterus, or of both, to produce such a state of affairs.

The system is always below par, and needs to be restored to its normal tone.

Simpson says, "treat the *individual symptoms*," which is pretty good homœopathic doctrine; but adds that as the treatment of the symptoms of real pregnancy is empirical, so the treatment of the symptoms of *spurious pregnancy* must, of necessity, be empirical also. He advises the same remedies to relieve the symptoms, such as nausea, vomiting, etc., in spurious as in real pregnancy. Ring the changes on all the drugs which act as sedatives of the stomach; then try counter-irritation, a blister over the stomach; apply *Morphine* to the denuded cuticle; then give *Opium* internally, *Carbonic acid gas* in the form of champagne or soda water, *Acetate of lead*, *Oxalate of cerium*; and if there are any unoccupied intervals, try fifteen or twenty other drugs. Two of the remedies mentioned are of real value; the champagne or *Carbonic acid gas* in almost any form, and the *Oxalate of cerium*.

As I said before, but little has been written on this subject, and one would be led to infer that it is a disease of rare occurrence. Yet cases are constantly occurring, patients going from one physician to another, unable to obtain any relief, and very often suffering serious injury from a mistaken diagnosis. Simpson says that six cases are on record, where the abdomen was opened, with the expectation of finding a tumor of some kind, but where nothing abnormal was discovered, except, sometimes, a quantity of gas.

SECOND PAPER: BY S. P. HEDGES, M.D.

One Sunday, in the summer of 1869, about 4 P.M., I was called for in great haste by Mr. ——, of Chicago, to come at once and attend his wife who was in labor. On reaching the house I found a lady, apparently about 35 years of age, lying on a sofa, and to all appearances in the last days of pregnancy. Soon after I entered the room she was taken with a pain, and

stated that she had them now every five or six minutes, and that they were getting more and more frequent and severe. I sat and watched her for twenty or thirty minutes; when in the interval of a pain, she said, "Doctor, why is it that I am always so much smaller in the morning than I am at night?" I found, on questioning her, that this had been really the case all through her pregnancy. I had my suspicion somewhat aroused, and proceeded to a more careful physical exploration than I usually make in such cases. I first examined the abdominal parietes; they were tense, hard and thin, also very tender, which, the lady informed me, was on account of the rapid motion of the fetus, as she thought. On percussion, I was surprised at the most perfect and complete resonance of the sound obtained; you could hear it all over the room. I made strong percussion, and it was evident to me that there was no uterine tumor in the superior pelvis at all. On vaginal examination, I found the uterus small as usual, high up in the pelvis, and with an elongated and indurated cervix. Of course I was convinced that there was no true pregnancy here; but what was the matter, was the inquiry I naturally propounded to myself. The lady, as well as her husband, was closely observing my every look and motion, and I was a little anxious as to the best manner of imparting my diagnosis. However, I saw that the best way, in this case, was the plain and direct one, and so I told her that she was not pregnant, but that there need be no apprehension, as the symptoms were probably occasioned by an accumulation of gas merely.

But when the husband heard that she was not pregnant, he waited for no more, but sprang up and exclaimed, "What in heaven's name is the trouble then?" while the lady was silent a moment, and then said, "I believe the doctor is right; I have all along had my doubts." On further examination, I was able to determine the exact condition, and to convince them that I was correct in my decision. I explained how I had found the womb, and that there was nothing in it to cause the enlargement of the abdomen, hence it could not be a case of physometra; also that there was no tumor, for the abdomen was so hollow, as shown by the percussion; also, that as there

had never been any discharge of flatus at all, either up or down, though the bowels were in a healthy and regular condition, there could not be a case of intestinal tympanites. And that the facts all pointed plainly to what it really was, a case of "abdominal tympanites," the gas being contained in the cavity of the peritoneum and not in the intestinal tube. In the course of the examination I found the following facts, which are interesting in connection with the case, as it was my first interview with either husband or wife:

The lady had been married before, and by her first husband had two children some seven and nine years previous; the first born was yet living. She had been married to the present husband eighteen months, and they greatly desired children. She had never been quite right or regular in her menstruation, and had suffered from a most distressing dysmenorrhœa when young, and often, since marriage, from acute and chronic ovaritis, and a neuralgic affection of the ovaries and womb. She had been also much troubled with hysterical attacks, and obstinate gastric disturbances, and dyspepsia. In fact she had a host of symptoms, the "totality" of which might well appall even the most thorough Homœopath. The history of the case for the preceding nine months, had been the history of an ordinary case of true pregnancy. Indeed it was very marked. Cessation of menses for the first three months, followed by the usual changes in the nipples, areolæ and breasts; morning sickness, fitful and capricious appetite, slow and regular abdominal enlargement, with the single peculiarity before mentioned, that even in the seventh and eighth months she would often be in the morning almost as small as usual, but this would disappear in an hour or so! At the fourth month her menses returned slightly, and she consulted a physician, who said that she was undoubtedly pregnant, that ladies sometimes had their courses as usual at this time. And so her doubts were removed; and as she continued to increase in size, and soon felt motion—as she thought, and still thinks—whatever might have caused it, she certainly felt the motion; even with the hand and eye it could be detected; her confidence was perfect. So she prepared gladly for the new-comer,

engaged her nurse, and determined what physician she would have.

Before leaving the house, I was desired to undertake the treatment. I left some powders of *Atropine* to quiet the pains, which they did after the second dose, and went to my office to study up the case. As there was very little homœopathic literature on the subject, I decided to treat the "totality of the symptoms" as near as I could.

I first gave *Ignatia*, 3rd dec. dil., in water, once in two hours. After a few days I followed with *Sulphur* 30 c. She improved on these for two weeks, when I gave *Puls.* 3rd dec.

In four weeks she was entirely well under these remedies; I afterwards gave *China* 3rd dec. and *Podophyllin* 3rd dec. trit., which relieved a tendency to haemorrhoids and intestinal catarrh. I have since prescribed for one or two severe attacks of neuralgic headache, with gastric disturbance.

THIRD PAPER: BY J. W. STREETER, M.D.

Mrs. B—, aged 41, sanguine temperament, and the mother of five children, July 23, 1868, applied at the Free Dispensary of Hahnemann Medical College, for a physician to attend her in her confinement, which she asserted would take place on that day. She said that nine months previously she had ceased to menstruate, having been quite regular up to that time; that near the end of the fifth month she had first felt motion, and that she *was now in labor*, having had "skirmishing pains" for the last three hours. The general appearance of the woman confirmed her statements, and I promised to visit her in a couple of hours. At 2 P.M. I found her about the house, making some necessary arrangements, and groaning piteously every few minutes. The pains were paroxysmal (though she was not entirely free at any time), the exacerbations occurring every ten or fifteen minutes. I made an examination, and found the following state of things: abdomen as large as at full term of an ordinary pregnancy, and yet there was none of that drum-like tension which is so

constant an attendant upon the later months of utero-gestation; instead of *pouting* of the umbilicus, there was marked depression; the abdominal walls seemed *inches* in thickness, and through them I could feel no tumor of any kind. An examination per vaginam showed the womb rather lower than usual, and seemingly held down by a mass of considerable weight; it was in no degree larger than is normal in the unimpregnated state. The neck was firm and unyielding. (There were no indications of ovarian tumors.) I told the woman she was not pregnant, and probably never would be again. This took her by surprise, and she expressed some contempt of my diagnostic skill. She said: "I've been so five times before, and I ought to know; this baby is as lively as any of the others." Upon inquiring her reason for supposing herself pregnant, I learned that the menses ceased suddenly, and she continued remarkably well, her appetite increased, her abdomen enlarged disproportionately to the rest of her body, at about the proper time she began to feel motions, and that the motions continued until she came (as she thought) to her bed. She had been examined by a midwife a few days prior to my visit, and had been assured that "everything was right, and that she would be confined shortly." I assured her that she would *not* be confined, and that the best thing she could do would be to cease having pains, as they would never bring her a boy. I left her a few powders of *Sach. lac.*, and requested her to report in a few days. I did not see her for a month. I then called, and found that she had had but two or three pains after I left her, and none since then. Her abdomen was still very large, but she said: "Doctor, I am *growing fat all over*." I saw her once again, some months afterwards, and found that she had indeed *grown fat all over*. Her menses had not returned, and I promised her that they never would. For the past ten months I have lost sight of her.

I considered this a freak of the climacteric. There seemed to have been an enormous deposit of fat in the omentum, which relieved the system from the bad effects of so sudden a cessation of the monthly flux, and led to the conviction of pregnancy — a conviction so strong that the woman not only *felt*

motions, but fell into labor pains immediately her time expired.

I may also add, that at my first visit the *breasts* were not particularly enlarged, though they became very much so during the next five or six months.

The woman had never been troubled with morning sickness during *any* of her pregnancies.

FOURTH PAPER: BY S. M. FLETCHER, M.D.

Mrs. B., aged 22, of medium height, full habit, light complexion, and of a temperament partly nervous, having had an abortion about eighteen months previous, supposed herself pregnant in July, 1867. Her suspicions were confirmed by a physician, whom she met at the time. Her menses at that period, or the succeeding one, were unusually profuse, but suppressed afterwards, with the exception of a watery discharge of moderate quantity. The usual symptoms of pregnancy were developed in regular succession. Suppression of the menses, discoloration of the areolæ around the nipples; morning sickness (I think); enlargement of the abdomen; apparent motion; and various sensations peculiar to pregnancy. Nothing unusual occurred during the first seven months, except a severe fright at about the fourth month. This caused a severe congestive headache at the time, and any undue excitement or over-exertion caused its recurrence for a number of months. At the seventh month quite a profuse watery discharge occurred, and was soon followed by pains, which very much resembled labor pains, at least in being in the back, and occurring at regular intervals. About twelve hours after their commencement an examination was made. The uterus was apparently about the size that might be expected at that period of pregnancy. But the os showed no signs of dilatation. In a few hours the pains subsided. At the eighth month the patient played the same farce again. Soon after this, things began to assume a different aspect. The abdomen began to diminish in size. About the ninth month fluids

were again discharged ; and, according to the patient's statement, a small quantity of dark, fetid matter of more consistence. On two or three occasions gas escaped from the uterus, but at no time was any portion of a fœtus discovered. During the ninth month, and subsequently, the patient suffered severely from neuralgia, especially of the sciatic nerve. But all abnormal symptoms gradually subsided, and the patient was restored to health.

In this case the evidences of hydrometra and physometra both were clear. But what the more solid matter was, or how much it had to do with causing the conditions mentioned, is uncertain, as no opportunity was given to examine it.

NITRO-GLYCERINE OR GLONOINE.

TRANSLATED FROM THE FRENCH OF ROTH, BY THE LATE ALFRED H. BEERS, M.D., NEW YORK.

(*Continued.*)

EYE-BALLS.—Painfulness of balls of eyes (after 20 minutes, from 30th of a drop). 13.

Heat in external angle of right eye (after 3 minutes, from 150th of a drop). 13.

Quick darting and heat in left eye-ball (after 5 minutes, from 150th of a drop). 13.

Lancinating pain, proceeding from near the right ear, towards the right eye (after 20 minutes, from 30th of a drop). 3.

Sensation of weight upon eyes, which proceeds toward the temples (after 65 seconds, from 20th of a drop). 5.

At 7 o'clock, in evening, in walking in open air, pressure at bottom of right eye, for 2 minutes (from 25th of drop). 20.

Eyes prominent and injected (from 1 drop). 39.

Eyes prominent, injected, and pupils dilated (by 1 drop.) 39.

VISION.—Mist before the eyes, and trembling sensation in all the nerves of the body (after 7 minutes, from 20th of a drop). 12.

Sparks before the eyes (from 1 drop). 39.

Flashes before eyes, troubling sight in reading (from 1 drop). 39.

Feebleness of sight; cannot read without a glass; letters become confused and appear smaller (from inhalation). 64.

He loses his sight, becomes pallid and falls upon a chair, immovable, but without loss of consciousness (after 3 minutes, from 50th of drop). 66.

AUDITORY CANAL.—Shooting in right ear (after 30 minutes). 18.

Pulsating and lancinating pain, proceeding from within outward, in the right ear (from breathing attenuation, C). 8.

Sensation of obturation of ears (after 52 minutes, from 50th of drop). 41.

NOISES.—Crackling in left ear (after 3 minutes, from 30th of drop). 2.

Ringing in ears (after 30 minutes, from 200th of drop). 26.

HEARING.—Heaviness, sensation of obturation of ears and hardness of hearing (after 4 minutes, from 50th of a drop). 43.

Transitory deafness, followed by trouble in seeing, and faintness (after 37 seconds, from 1000th of drop). 57.

SLIGHT PARALYSIS OF THE AUDITORY NERVE. 70.

NOSE.—Itching in *ala nasi* (after 27 minutes, from 30th of drop). 14.

Itching in *ala nasi*, and itching tickling in face (27 minutes, 50th of drop). 14.

Sensation as if the nostrils at the upper part were obstructed, near the root of the nose, followed by throbbing in temples, with sensation as if the head were pressed by a band; afterward great fullness in head and general heat; the headache lasts 14 hours (after 3 minutes, from 25th of drop). 48.

Slight cold in head (after 7 minutes, from 4-500ths of drop). 40.

Fluent coughing and sneezing (from 50th of drop). 40.

FACE.—Face hot, especially after sitting a long time (from 6-500ths of drop). 40.

Face and anterior and superior of head hot and full (from 2-500ths of drop). 40.

Slight heat in face, followed by painless throbbing in frontal bone, which spreads to temples (after 35 seconds, from 1000th of drop). 57.

Face hot, and dizziness in shaking head (after several minutes, from 100th of drop). 58.

Face burning and bloated (from 10-500ths of drop). 40.

Face red, burning, especially around eyes (after 20 minutes, from 30th of drop). 13. .

Face red and hot, especially around eyes (after 20 minutes from 30th of drop). 13.

Face red, especially upper part of cheeks, lower eye-lids, as well as the ears, but not the forehead. 16.

Redness of face, followed by pallor. 76.

Redness of face (after 10 minutes, from 50th of drop). 46.

Face red (after 65 seconds (from 20th of drop). 5.

Pallor of face and general sweat (after 1 minute, from 50th of drop). 56.

Lancinating prurience in face (after 27 minutes, from 30th of drop). 14.

Prurient heat in left cheek (from 50th of drop). 40.

Wandering pains, sometimes in root of nose and right side of forehead, sometimes in left zygoma and temple, sometimes in occiput (after 1½ hours). 7.

Strange sensation underneath the eye, seeming to be in bone; afterward the same sensation above the eye. 35.

Pain in lower jaw, also in temporo-maxillary articulation, or near it (after 3 minutes, from 30th of drop). 2.

Sensation as if the chin were indefinitely elongated, descending even to knees; he is constantly taking hold of it with his hand, to assure himself that it is in its place. He is almost ashamed to avow this ridiculous sensation. He remembers to have received a blow upon the chin 20 years before (after 2 minutes from 30th of drop). 4.

Rigidity of temporo-maxillary articulation (after 3 minutes, from 30th of drop). 2.

LIPS.—Numbness of lower lip, and sensation as if swollen (from 1000th of drop). 37.

Itching of lips, and after rubbing them, a sensation of swelling (after 20 minutes, from 50th of drop). 14.

Itching of lips, and after having rubbed them, sensation as if they were swollen (after 20 minutes, from 30th of drop).

44.

TEETH.—Slight toothache, in back teeth, at right and lower side (2-500ths of drop). 40.

Headache is accompanied with toothache, on right side, alternately in upper and lower teeth; it is a dull pulling, as after taking cold (from preparing). 7.

Pain in last lower molars, strongest on right side (from 6-500ths of drop). 40.

BUCCAL CAVITY.—Dryness in mouth. 76.

Buccal cavity and tongue as if burned (from one drop). 39.

Pimple in interior of cheek (third day, from 50th of drop).

44.

TONGUE.—Tongue white, rough, and bearing prints of front teeth; clammy taste in mouth (third day, from 30th of drop).

13.

Tongue white and rough, bearing prints of incisors; mucous and clammy taste; cannot swallow the saliva, which has a very disagreeable taste (third day, from 30th of drop). 13.

Tongue larger, and covered with white (second day, from 30th of drop). 13.

Tongue swollen, sensitive, with spasmodic twitching in it (from 1 drop). 39.

Little red pimples on tongue; ends of papillæ sensitive (from 10-500ths of drop). 40.

Shootings on left side, from tip of tongue, lasting several seconds (200th of drop). 22.

Shooting and burning (froid?) on tongue (from 10-500ths of drop). 40.

Shooting and burning upon a small spot on tongue, on left side, as if the part were alive (from 5-500ths of drop). 40.

Poignant shooting upon tongue, as if he had bitten it (8-500ths of drop). 40.

TASTE.—Taste of resin in mouth (after 20 minutes, from 30th of drop). 13.

Taste in mouth like pine (after 20 minutes, from 30th of drop). 13.

Disagreeable, oily taste in mouth (after 10 minutes, from 7-300ths of drop). 15.

Taste corrosive, and shooting, with prickling of tongue (from 2-500ths of drop). 40.

SALIVA.—The buccal cavity filled in morning with thick saliva, and in the course of the day a mucous saliva accumulates. He is obliged to spit on account of the disagreeable taste (second day, from 30th of drop). 13.

THIRST.—Desires cold water to drink (immediately from 20th of drop). 6.

PALATE.—Sensation of heat in palate (after two minutes, from 200th of drop). 28.

Sensation of swelling and throbbing in palate (two minutes, from 150th of drop). 28.

VELUM PALATI.—Sensation of contraction of velum palati (two minutes, from 125th of drop). 36.

Sensation as if velum were drawn upward (three minutes, from 60th of drop). 36.

Sensation of contraction of velum (immediately after taking 50th of drop). 36.

Great dryness at posterior side and lower border of velum (after sixty minutes, from the 30th of a drop). 2.

TONSILS.—Shootings in left tonsil (after three minutes, from 30th of drop). 13.

Shootings in left tonsil (after twenty minutes, from 30th of drop). 13.

PHARYNX.—Strong sensation of heat in throat (soon after taking 100th of drop). 25.

Sensation of heat in throat (from 160th of drop). 42.

Excoriation of pharynx. 35.

Sensation of swelling in throat (after four minutes, from 50th of drop). 43.

Scraping in pharynx (immediately, from 50th of drop). 56.

Intense tickling in throat (from 20th of drop). 1.

At two o'clock in morning he is awakened by a painful sensation, as if he pushed a stiff feather into the throat, making him cough; this sensation disappears on drinking water (he had before felt this sensation). 18.

Thick mucous in throat (after four minutes, from 50th of drop). 43.

Tension in throat; it spreads above, even behind the ears, when it is changed into a dull pressure (after twelve minutes, from 50th of drop). 41.

Constant necessity of making movements of swallowing (after four minutes, from the 50th of a drop). 43.

REGURGITATIONS.—Eructions (after three minutes, from 30th of drop). 13.

Regurgitations (after ten minutes). 7.

Regurgitations tasting of medicine (after ten minutes, from 25th of drop). 21.

NAUSEA AND VOMITING.—Nausea and bitter taste (after twelve minutes, from 20th of drop). 12.

Nausea in evening from fumes of tobacco, to which he is habituated. 15.

Livid pallor beneath the eyes, fixed look and sensation of general heat; afterwards nausea and headache, vomiting of yellow mucus several times, and several liquid stools. A little brandy quiets somewhat this condition, but it lasts for an hour. The pulse rises from 60 to 120 (from 50th of drop). 51.

STOMACH.—Nausea and pain in stomach, rumbling in bowels, pulse at 68 (the second morning). 16.

Agitation in stomach and heat in pharynx (two minutes, from 150th of drop). 13.

Sense of inquietude in stomach, and soon after nausea (from 20th of drop). 6.

Pain and digging in gastric and umbilical regions, with sensation of *malaise*, like sea-sickness, especially in the room. 76.

Dull gnawing in pit of stomach (from 20th of drop). 1.

Sensation of extreme emptiness in stomach (after sixteen minutes, from 500th of drop). 21.

BOWELS.—Rumbling in transverse colon (after ten minutes, from 30th of drop). 13.

Flatulence in bowels during entire evening (from 30th of drop). 13.

Rumbling in transverse colon (after twenty minutes, from 30th of drop). 13.

Rumbling during entire evening of first day (from 30th of drop). 13.

Colic remaining for three days (from 25th of drop). 20.

Colic below the navel (the next day for entire morning). 18.

Sensation as if something ascended from right hypochondrium across the chest up to the head; there he feels throbings, then a severe pulsative pain in temples. A frightful constriction of the chest, as if it were bound with cords or chains. He is seized with terror at figures being upside down, takes *Camphor*, and seeks the open air. (Immediately after taking the 250th of a drop.) 55.

Shootings in region of gall bladder, 76.

Violent lancinating pain in left hypochondrium. (The morning of the second day from 200th of a drop.) 27.

Pain in left hypochondrium, in middle, between pit of stomach and side (after one minute from 150th of a drop.) 13.

Stools.—Alvine evacuation wanting, contrary to habit. (3d day from 30th of a drop). 13.

Stool wanting, contrary to custom (Third day). The night before had diarrhoea. 13.

At 10 in evening, hard, insufficient stool, out of the ordinary time, followed by colic, even till he went to sleep. During the evacuation, rumblings heard in the hypogastrium, increased in bed, especially when lying on left side (from 25th of a drop). 20.

Abundant evacuation of very soft matter (after 1 hour 30 minutes, and repeated three hours afterward, from 80th of drop). 13.

At eight o'clock, A.M., slight diarrhoea, with rumbling and emissions of flatulence (after 14 hours). This diarrhoea increases the second day (19 hours after taking the medicine, from 7-300th of a drop). Pulse small and feeble. 15.

Rises at a good hour (second day), and at six o'clock, A.M., an abundant evacuation of liquid matter. These evacuations recur six times before ten P.M. During defecation the anus seems to him more contracted. He voids a great deal of noisy

flatulence with stools, and feels colic before them. A cup of coffee quiets the disagreeable sensation in the bowels. The desire to go to stool is easily mastered. The buccal cavity was filled in morning with thick, disagreeable saliva, and in the course of the day, he is obliged to expectorate often, a mucous saliva, difficult to swallow. At the same time tongue swollen and coated white. (From 30th of drop). 13.

Colic in morning, on waking at an early hour, followed at six A.M., by a copious liquid evacuation; these evacuations recur five times before evening. In defecating he feels strong contraction of anus, and voids considerable noisy flatulence. The evacuations always preceded by colic, quieted by a cup of coffee. (Second day from 30th of drop). 13.

Disposition to diarrhoea before experimenting. This disposition ceases the day after taking the medicine, and reappears the third day. 16.

Frequent diarrhoeic stools. 76.

Diarrhoea at night; had eaten peaches in evening. (From 200th of drop). 26.

URINATION.—Increase of urinary secretion (second day and during week) in a person who for many months had scanty urine (from 160th of a drop). 42.

COPULATION.—Sensation in genital organs, as of frequent cohabitation with women, not of impotence. (From 10-500ths of a drop). 40.

MENSTRUATION.—Menstruation, which had ceased for six days, reappeared. 76.

The menstruation stops. 76.

LARYNX.—Indefinable sensation in laryngeal region, and in temporo-maxillary articulation proceeding to upper jaw (four minutes from 200th of drop). 71.

Sensation of picking in epiglottis. (from 50th of drop.) 45.

THORACIC CAVITY.—Transient heat rising from chest to head, then pulsations in head. (After three minutes from 125th of drop.) 36.

Sensation of transient heat, rising from chest, to head and face, followed by pulsations in vertex, by a rheumatic pain spreading to nape of neck. Movement of head and walking

increase the pain ; it seems to him, then, that something moves about in the cranium. The headache remains thus for eight hours. (Five minutes, 200th of drop). 59.

Sensation in middle of thorax, more to the left, as if something ascended from it suddenly into head, in form of pulsation, as if something rose by an undulating motion into head, followed by pulsative headache, increased by each movement of head, and by changing position. At same time, strong pressive pain in two globes of eyes. This lasts all night ; he feels it again on waking ; but in leaving the bed it disappears. (From preparing the *glonoine*). 7.

Indescribable sensation in chest, as if he were coming to harm. (First day, 125th of drop). 29.

Pressure of chest, as from cramp, for two hours, followed by pain in whole spinal column. (125th of drop). 33.

Pressure of chest. (From 250th of drop). 35.

Chest oppressed, contracted, with easy respiration. (From one drop). 39.

Painful tension in chest, and need of taking deep inspirations. (Six hours, 160th of drop). 42.

Several sharp, shooting stitches, under sternum. (After fifty minutes). 7.

RESPIRATION.—Accelerated respiration, sixteen times per minute. (From 50th of drop). 40.

Strong respiratory movements. Deep respiration painful. (After thirty-seven seconds, 1000th of drop). 57.

Uneasiness of respiration and want of breath, alternating with pulsations in the head. (After several minutes, from the 250th of drop). 59.

Want of breath. (After several minutes, from 250th of drop). 60.

Superficial respiration for an half-hour. (From 200th of drop). 69.

BREATH.—Disagreeable breath. (After ten minutes from 7-300th of drop). 15.

HEART.—In the heart, sensation as if throbbing about to set in, (he had it the preceding day). (The first day from 125th of drop.) 29.

Uneasiness about heart, with heat of forehead and slight sweat. (From 200th of drop.) 70.

Strong throbbing of heart. (From 1000th of drop.) 37.

Throbbing of heart, and sense of fullness in epigastrum. (After five minutes, from 150th of drop.) 13.

Unsteady gait in street, with strong throbbing of heart (forty-five minutes, from 6th of grain). 75.

Throbbing of the heart, strong, accelerated and irregular (from 250th of drop). 59.

Strong throbbing of heart (from 1 drop). 39.

Strong throbings of heart; feels them in head, especially in stooping. He feels at that time a shooting blow in head (after several minutes, from 6th of drop). 75.

Irregular throbbing of heart, with pressure on chest. 76.

Throbbing of heart (after eight minutes, from 50th of drop). 10.

Throbbing of heart so strong that the clothing is moved, with sense of constriction in chest; fear and fullness in head (after four minutes, from 100th of a drop). 49.

Indeterminate pain in heart, followed by sense of heat (from 200th of drop). 12.

Acute pain in heart, during two minutes (after ten minutes, from 50th of drop). 45.

Sense of contraction in heart. 35.

Lancinating pain, which, from region of heart, goes to back, between shoulders. (one drop). 39.

Pain in heart, which passes across the scapula to the suprascapularis muscle (after twenty minutes, from 100th of drop). 58.

Sensation of fullness in heart (after one minute, from 30th of drop). 13.

Sense of fullness in heart, almost painful; it seems to him as if something rose up to the throat (after twenty-five minutes, from inhaling). 64.

Painful laboring of heart, with peculiar sensation of oppression, diminishing in open air. Cannot rest without a disagreeable sensation in the heart (from one drop). 39.

Shootings above and below the right nipple, proceeding

from without, inwards. These commence in morning of second day, and last for thirty-six hours (from 10th of drop). 11.

Sense of anxiety in heart, with throbbing and sound analogous to that appearing when the valves commence ossifying, and intermittent pulse. Lying upon the left side, the throbbing and sound become insupportable, but relieved when lying on right side. In rising and walking it ceases. If, after eating, he rests his back against the chair, the throbbing and sounds are as strong as when lying on left side. This symptom increases little by little, and after some days he can no longer lie on the bed. Many remedies given unsuccessfully; finally *Natrum muriaticum* 1000th removes it forever. 64.

THROBBING OF HEART AND CAROTIDS, WITH PULSATIVE FRONTAL HEADACHE, relieved by inhaling 2nd dilution. 65.

(*To be continued.*)

POLYPUS OF THE RECTUM TREATED BY BROMIDE OF POTASSIUM.

REPORTED BY W. TOD HELMUTH, M.D.

THE patient, a woman of twenty years of age, admitted into the Good Samaritan Hospital, January 25, 1869, had never menstruated, was short of stature, and dwarfish in appearance. She stated that eight years ago she had suffered from a red, bleeding substance in the rectum, which had been removed by a physician, but that similar growths had apparently returned. She was pale and sickly-looking, though not much emaciated, but was troubled with a constant diarrhoea, and more or less tenesmus, and the passage of a good deal of blood. Upon a mere external examination of the parts, nothing particular could be noted; but upon desiring her to attempt to expel the contents of the rectum, there would protrude several elongated bodies, resembling earth-worms in shape, but of a

much more brilliant red color. They presented a soft, vascular shreddy appearance, bearing some resemblance to sarcomatous growths. With this expulsion there was always a yellow, very fetid discharge. Upon examination of the faeces they were flattened, and there was flatulent distension of the bowels. Knowing the value of the *Bromide of potassium* in the removal of several varieties of morbid growths, I determined to try the medicine upon this patient. I gave the following prescription :

B.—Potassæ bromide,	- - -	3 i
Aqueæ fontanæ,	- - -	3 vi
M. ft. sol.		

A tea-spoonful three times a day.

She continued the treatment from early in February until the middle of May. She began to improve in health shortly after taking the medicine; the diarrhoea ceased; she performed household duties in the hospital, and on the 13th of May, though the fetid fluid was expelled, she was unable to protrude any polypi. The remains of the growths could be felt, but otherwise the patient was in good health. I had endeavored to draw down the polypi and ligate them, but they were too friable, and broke away so easily that I gave up the attempt.

EDITORIAL.

OUR JOURNAL.

In taking the editorial charge of this journal, our first duty and privilege is to thank our friends for their kind words of encouragement. Without this incentive and guaranty, we should not have accepted the position; for we realize that without a mutual confidence and sympathy between the managers and readers of this, or of any other periodical, its prosperity and usefulness would surely come to an end.

It has been our good fortune to serve the profession in an educational capacity for many years. And we have our reward. There is no question but that physicians are able and willing to pay for whatever will really qualify them the better to discharge their duties. And we believe they will give a generous support to this journal, if it is filled with reliable, practical, useful matter—such as will be available in their every-day practice. It is the intention to give them “for value received.”

Our Prospectus runs over with promises, every one of which we mean to fulfill; for we are persuaded that such an organ as this has been, and may be, is an indispensable necessity. All editorial deficiencies will be more than compensated by an ample corps of practical and experienced contributors. The JOURNAL will continue to be a medium through which the profession can enjoy an interchange of opinion. It will be devoted alike to the science and the art of medicine. It will collect and render available every variety of remedial resource. We shall strive to separate the wheat from the chaff of current medical literature, and to publish only what is valuable and trustworthy.

The Review department will set forth the merits and demerits of all the more prominent works that issue from the

[October,

medical press. Our pages will be enriched by regular reports of the Transactions of the Chicago Academy of Medicine, as well as of the progress of educational matters in the college and hospital. The dispensaries will also be laid under contribution, and all local and general interests of a professional nature developed to the best of our ability.

An avalanche of "exchanges" already received—some of which give expression to the most pleasant prophecies—reminds us that we have entered a fraternity of able and energetic men, who are bent upon a like pursuit with ourselves. We hope to deserve their continued sympathy and approval. If we fail to round our periods, we may yet make our points.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

SEVERAL items connected with the last meeting of this excellent and honorable body, held in this city in June, deserve more than a passing notice. Among them is the Annual Address by Dr. Carroll Dunham, of New York. The subject was, "Freedom of Medical Thought and Action; a vital necessity and a great responsibility." The quality of the address was all that one could desire, and its effect most wholesome and happy. In tone it was dignified, catholic, and charitable; in sentiment it was suggestive and satisfactory. Let us hope that the old denominational hand-organ, with which in times past we have been accustomed to treat the public in our annual gatherings, is hushed forever, and that in future our orators will follow the lead of Dr. Dunham, and treat their audiences to music which is more grateful and appropriate.

It was remarkable that men from different sections, holding such diverse and opposite views, could convene and conduct the business of the sessions with so little clashing. The discussions upon the scientific reports were not what they should have been, and might have been, if some who participated had

spoken more pointedly, and a few who were always silent had talked at all. We suggest that the remedy for this defect is in the hands of our local societies. The constant discipline to which the active members of smaller bodies are accustomed at home, not only improves the mode and style of their expression, but teaches them to condense their thought, and to discriminate between such ideas as are of value and those which are not. For this reason alone, every member of the Institute could afford to travel a hundred miles, if it were necessary, in order to take part in the deliberations of a well-conducted State, district, county or city medical society.

When we have the volume of Transactions for the current year, we can compare the scientific yield with that of former sessions. But the social fruits could only be tasted and enjoyed by those who were present. There is no such effectual antidote for the antagonisms and bickerings of professional life as the intimate blending of mind with mind on the social platform. The preliminary meeting, and the lunches between the morning and afternoon hours, as well as the evening entertainments, were not the least pleasant and productive exercises connected with this anniversary. As in Boston, the wine-cup was banished.

It was a happy thought to take the members "by easy stages" to the laying of the corner stone of the new Hahnemann Medical College. The scene and the ceremony will not soon be forgotten by the hundreds who participated therein. We were and are proud that our national body threw its sheltering wing over this institution, and that every one of our medical colleges was so well represented on that interesting and historical occasion. This act on the part of the Institute gives a moral indorsement to the efforts that are being made to elevate the standard of medical education in this country. It will encourage the self-denying workers in each college faculty, who are not only toiling without pay to instruct hundreds of young men every year, but who are also building our colleges and founding our hospitals, chiefly out of their own private earnings. We hope to lay a corner stone for some college or hospital every year.

In brief, the meeting was a grand success. Every earnest and right-minded man who was present, must have felt it an honor to labor in such company, and to be a worthy member of such a family. So long as the deliberations of the Institute are harmonious, and free from the disintegrating influences of error, cant and illiberality, its prosperity is certain. We predict that, when this journal celebrates its hundredth year, it will not have had occasion to publish the obituary of the American Institute of Homœopathy.

HAHNEMANN MEDICAL COLLEGE.

The numerous practitioners, students and patrons of Homœopathy, who reside in the great north-western section of the United States, will be much gratified to learn that the above institution is now able to report a rapid and perfectly assured progress. On or before the 1st of October next, its new building, now in course of construction, will be completed. It is located in this city, on Cottage Grove Avenue, a little north of 29th street, one of the most flourishing and attractive portions of the city. The neighborhood is gifted with a classic tendency, comprising, as it does within its limits, the University of Chicago, the Baptist Theological Seminary, the Unitarian Theological Seminary, the new Chicago Medical College, and Groveland Park. The "Hahnemann" is a large and handsome building, the main body of which is built of brick, and the front of sand-stone. It will furnish the most desirable accommodations for about three hundred students in its spacious lecture rooms, and has, besides, large and commodious rooms for museum, library, dispensary and recitations, in addition to two large and well ventilated dissecting rooms, and private rooms for the faculty and officers of the college. The building is already enclosed, and work on the interior is going forward with all possible despatch.

Looking upon the present flourishing condition and the future prospects of this college, we are instinctively led to a brief review of its past history.

In 1854 the increasing interest and confidence of the public in the system of therapeutics discovered by Hahnemann, and known as Homœopathy, induced the friends of the cause to seek the establishment, by the authority of legislative enactment, of a medical school, in which this system should be formally recognized and taught. In the month of February, 1855, the act of incorporation, approved by the executive, was obtained from the Legislature of Illinois. The charter did not by any means contemplate the least abridgement of the range of instruction which, in other schools, is regarded as essential to a complete medical education. On the contrary, it widened this range, by adding to its curriculum the positive and scientific study of medicine, on the basis first laid down by Hahnemann, and since verified by the research, observation *and experience* of the most intelligent portion of the civilized world. To the better established studies, anatomy, physiology, surgery, obstetrics, pathology, and chemistry, the charter of Hahnemann Medical College adds an entirely new and enlarged *Materia Medica*, upon which again is founded a new system of Therapeutics. This, which is succinctly embodied in the fundamental principle, "similia similibus curantur," is the sole distinction between the old and new schools of medicine. Had this principle been hospitably treated in its infancy, by the dominant school, and submitted to the only legitimate tests—study and experience—no separation of the medical faculty into two distinct schools would ever have become necessary. But for manifest reasons, such separation is necessary, in order that the inestimable worth of Homœopathy may not be lost, but may be made available for the enlightenment of the profession and the healing of the nations. Of this humane work, our new college is one of the many growing instrumentalities, and the progress of the college is in some sort a measure of the progress of the work. Therefore we rejoice in its growth, its origin and its prospects.

Under the act of incorporation no steps towards organization were taken until the autumn of 1860, when, at a meeting of Homœopathic physicians, held in Chicago, it was unanimously agreed that the proper time for action had arrived. A

[October,

President, Secretary and Treasurer were nominated, and a Faculty was named. The whole was submitted to the Board of Trustees, and approved by that body. The first course of lectures was announced to commence in October of that year. At the appointed time the course opened by an introductory lecture to four students and twice as many professors! In ten or twelve days the number of students had increased to more than twenty. The lectures were given in restricted apartments fitted up with seats, and were continued for twenty weeks. This was regarded as a successful beginning.

In connection with the college there was opened a free Dispensary, which for a time was well patronized, and all things promised well for the future. But the college was about to enter upon a period of severe trial. The war-cloud that then burst upon the country, cast its dark shadow over the infant institution. After the second annual announcement had been sent out, several of the professors resigned, and the result for a time seemed doubtful. But a class of thirty students assembled, and through the firmness and perseverance of the remaining members of the Faculty, provision was made for a fair representation of the various classes. From this period until the present time, the history of the college is one of slow but steady progress, achieved in the face of the obstacles usually encountered by such institutions: deficient means; lack of harmony in opinion and action among the members of the Faculty, amounting at times to "incompatibility;" indifferent accommodations; frequent discouragements; the great amount of labor and other sacrifices repeatedly required to be borne by a few; faculty mutations and permutations; ups and downs of all kinds. Yet through all and during all, there was no actual retrogression, the substantial proof of which is to be found in the character of the eleventh annual announcement of the college. In addition to the new building, the college has now a complete and harmonious Faculty. Every chair is filled, many of them with men well known and eminent in their respective departments. It is the settled purpose of those interested to make the course of instruction more and more perfect.

It is deemed desirable that the course should be just as thorough and extended as is compatible with all other interests. Without pledging itself, therefore, to the immediate adoption, at all hazards, of any extreme measures, Hahnemann Medical College, nevertheless, stands pledged to labor steadily for the elevation of the standard of medical education, and to adopt all prudent means to that end as speedily as possible.

Numerous letters already received encourage the anticipation of an unusually large class this year. They will be welcome and well cared for. And we shall be disappointed if each succeeding year does not chronicle a healthy increase in the number of our graduates, as well as in the efficiency of their instruction and preparation for the good work that is before them. Already nearly two hundred graduates have gone forth from this institution. Its present condition, its largely improved facilities, and its permanent organization, are all prophetic of a future of great usefulness and prosperity. Within a few minutes' walk of the college is the Cook County Hospital, which affords surgical, obstetrical and other clinics, weekly, to which our students have admission. Attendance upon these clinics is of very great advantage to the students. But in addition to this, they also have daily access to the Scammon Hospital, an institution adjoining the college, and under the same management with it.

It is not without some conscious pride, therefore, that the college now presents itself in its new architectural outfit, and makes its most elegant bow to its friends, patrons and co-laborers. We feel sure of a cheerful and courteous nod in return, as well as of some more substantial acts of recognition.

CHICAGO ACADEMY OF MEDICINE.

The Chicago Academy of Medicine was organized with five members, resident physicians of this city, April 10, 1869. The number of meetings held during the first year of its existence was twenty-six,—one every fortnight. The number of essays read by members was twenty-two, among which were one on The State of Homœopathy in Europe, by Dr. J. Davies; Vertigo, Dr. T. S. Hoyne; Itch from Lime Cement, and on Measles, Dr. C. N. Dorion; Retained Placenta in Abortion, Dr. S. P. Hedges; Dysentery, Dr. C. C. Smith; Skin Diseases, Dr. J. Davies; Potencies or Dilutions?, Dr. R. N. Foster; Cholera Infantum, Dr. A. E. Small; Affections arising from Spinal Irritation, Dr. S. M. Fletcher; Chronic Catarrh, Dr. T. S. Hoyne; Hydrocephaloid Affections, Dr. F. A. Lord; Dynamization, Dr. D. A. Colton; Ovarian Neuralgia, Dr. E. A. Ballard; Erysipelas, Dr. S. M. Fletcher; and one on Spurious Pregnancy, by Dr. C. A. Wilbur. Beside these valuable and interesting papers, numerous clinical reports and reviews of new works were presented and several rare and valuable pathological specimens brought before the Academy.

The present membership of this society includes the names of thirty physicians. Its meetings are held every alternate Monday evening in a room (No. 66 Lake street) which is placed at the disposal of the Academy, and of one of the Dispensaries of the Hahnemann Medical College, by C. S. Halsey, Pharmacist.

By a unanimous vote of the Academy its papers and transactions will appear regularly in this JOURNAL. The list of officers and standing committees for the current year is as follows:

OFFICERS:

President—R. LUDLAM, M.D.

Vice-President—W. DANFORTH, M.D.

Recording Secretary—T. S. HOYNE, M.D.

Corresponding Secretary—JOHN DAVIES, M.D.

Treasurer—E. M. P. LUDLAM, M.D.

Censors—F. A. LORD, M.D., C. A. WILBUR, M.D., A. W. WOODWARD, M. D.

STANDING COMMITTEES:

Anatomy—Drs. S. P. Hedges, P. S. Starr, W. S. Johnson.

Physiology—Drs. A. W. Woodward, J. W. Streeter, J. S. Mitchell.

Chemistry—Drs. F. A. Lord, R. N. Foster, A. F. More.

Pathology—Drs. S. M. Fletcher, W. H. Woodbury.

Obstetrics and Diseases of Women and Children—Drs. A. E. Small, L. C. Grosvenor, J. Davies, F. C. Duncan.

Practice—Drs. E. M. P. Ludlam, C. C. Smith, H. B. Fellows.

Materia Medica—Drs. T. S. Hoyne, E. A. Ballard.

Surgery—Drs. W. Danforth, C. A. Wilbur, W. I. Hawks.

Translations from Foreign Languages—Drs. C. N. Dorion, E. Kneipcke.

Microscopical Anatomy—Drs. H. N. Small, L. H. Holbrook.

Morbid Anatomy—Drs. D. A. Colton, O. B. Poppe.

Pathological Specimens—Drs. S. P. Hedges, D. A. Colton.

Publishition—Drs. J. Davies, T. S. Hoyne.

Provings—Drs. Hoyne, Danforth, Ballard, Colton, Duncan, Holbrook.

Organ of the Society—THE UNITED STATES MEDICAL AND SURGICAL JOURNAL.

We shall now reproduce for our readers three papers read before the Academy, together with condensed reports of the discussions thereon:

TRANSACTIONS OF THE CHICAGO ACADEMY OF MEDICINE.

I.

ENTOZOA.

By L. C. GROSVENOR, M.D.

The word "entozoa" is of Greek derivation, coming from two words signifying "within" and "animal," and includes not only those parasites which inhabit the natural cavities of the body, but also those which enter into the more compact tissues.

These worms, of twenty or more different varieties, have been found in nearly all the organs and tissues of the body, as the intestines, liver and spleen, the kidney, the urinary and gall bladders, the brain; and even the eye has its filaria oculi and the muscles their trichina spiralis and cysticercus cellulosæ.

Their origin, until a comparatively recent day, has been involved in obscurity, although two theories have been advanced, each counting among its supporters some of the ablest medical writers and naturalists of ancient and modern times.

The first of these theories and that held by nearly all the writers of antiquity and some of modern times, including Buffon and Stokes, is that of spontaneous generation, and is explained as a process similar to the formation of false membranes from a lymph or plasma thrown out upon a serous or mucous surface, which, after a time, becomes organized or acquires the properties of living tissue; the new product in the one case becoming separated and having a distinct life, and in the other remaining adherent.

The second theory, and that which better bears the light of modern investigation, is that they are the results of ordinary generation in the outer world, and that the ova or germs find their way into the human body in the food we eat, the water we drink, or the air we breathe. This theory has the endorsement of Linnæus, Harvey, Dalton and most eminent physiologists of the present day.

The microscope, too, offers its testimony, and declares these animals to have male and female organs, and to produce fertile eggs in great abundance. It is true, all these different eggs require certain conditions favorable to their development, hence, in the liver is found the distoma hepaticum, in the kidneys the strongylus gigas, in the muscles the trichina spiralis, and in the rectum the ascaris vermicularis. These different conditions are not necessary, primarily, to their production, but are essential to their development.

The more we examine this subject the more shall we be convinced that these worms form no exception to the law, that "All organized beings are the progeny of previously existing parents."

As the limits of a single paper will not admit of a minute examination of all these varieties, let us take some two or three of the more common of those met with in the intestinal tract.

And first let us look at the *ascaris lunbricoides* which so much resembles, in form and size, the common earth or angle worm, but is of a lighter color, being a pale red or pink, and sometimes almost white. It is quite at home in any part of the intestinal tract, but has a taste for travel and seems to delight in exploration. He has been seen in the gall bladder, and hepatic duct, he has visited the oesophagus, pharynx and glottis, causing death by strangulation, and has been found in the air passages, coming thither by way of the oesophagus and trachea, and, of course, here, too, proving fatal. Sometimes, taking the back track, he has pushed his investigations too far for his own safety and has been captured by the chamber-maid in the couch where the child had slept. When existing in large numbers they cause much irritation and are occasionally passed in bunches or balls rolled together.

The *oxyuris vermicularis* or thread-worm is mostly found near the rectum, although when existing in great numbers he enlarges his range and inhabits the large and small intestines as well. The term maw-worm is sometimes applied to him from the irritation he causes in the stomach by a reflex action. They are white and quite small, being but from a quarter to a half an inch in length. At times they find their way into the vulva and cause prurigo and leucorrhœa. They are said to be most frequently met with in the spring, though I do not readily see why this should be so.

The tænia is said to inhabit the small intestine. It is articulated, and measures from a few feet to many yards in length. It is white and flattened somewhat, resembling a piece of tape; hence its name, tape-worm. It is rarely found at present of such length as formerly, probably because, with our present knowledge, it is more easily and safely removed, and so is not allowed to attain so great length.

The identity of this worm with the *cysticercus* found in the muscles of lower animals has been established by some interesting experiments made by Seibold and others; and it is not unlikely that similar developments may be made in regard to the trichina.

It is frequently said that if any segment of the tænia be left

in the intestine it will continue to grow and become a perfect worm. This, however, is not the case. If any fully developed articulation pass from the body and be taken with the food of any lower animal, as the hog, the process of digestion will liberate the germs contained in the segment, which will then pass through the coats of the intestines, and, finding lodgment in some other organ, will become encysted and form a cysticercus. Now, if the muscle or part containing this cyst be eaten by man or other animal and pass into the stomach, it here finds a condition favorable to its growth and in time finds full development as a tape-worm. Of the habits of the *taenia* we can know but little, as our opportunities for observation are limited. That his home attachments are strong is evident from the difficulty experienced in dislodging him; he will even allow his body to be severed in twain rather than break with old associations.

The questions, however, of most practical importance to us are:

1st. How shall we determine the presence of worms in any given case?

2nd. Having so determined, how shall we get rid of them?

The first of these questions the best of practitioners are slow to answer with any degree of assurance, as nearly all the symptoms may be caused by other irritants in the stomach or intestines, such as undigested or improper food, disease of the mucous membranes, etc.

The symptoms generally understood to indicate worms are paleness and swelling of the face, especially of the upper lip, rubbing and picking of the nose, offensive breath, with sordes covering the teeth and gums; headache, vertigo, convulsions, with general irritability and peevishness, unpleasant dreams and waking with a scream; capricious and variable appetite; emaciation, with enlarged and tympanitic abdomen.

Now, if we meet with these symptoms, and also learn that worms are occasionally passed at stool, we may feel that we have a sure case.

As to the second question, almost every physician with whom I have conversed has some ready solution of the diffi-

culty, some sure cure or "dead shot" which, in a large majority of cases, as Dr. Shipman very tersely remarks, is as likely to be a "dead shot" to the landlord as the tenants.

Many experiments have been made at different times upon these parasites with a view to finding something which shall be death to them while being harmless to the coats of the bowels, as is the kousso in the case of the tape-worm. But they are found to be very tenacious of life, and, as one writer says, have been known to live for hours in such substances as essential and expressed oils, infusion of aloes, alcohol, etc.

The idea of attempting to remove them with a high attenuation of even the most perfectly affiliated remedies would be as absurd as the effort to remove a bullet from a wound with Arnica 200th. But, after the cause has been removed, then come in play the benign agencies at our command as Homœopathists to heal the diseased conditions which have resulted.

Among old school men three methods have obtained of ridding the system of these pests:

The first depends upon exciting the peristaltic action of the bowels by active cathartics. Among these Calomel in combination with something to quicken its action has been much used. Eclectics sometimes use the podophyllin in full doses. The second method proposes to narcotize or poison, and then follow with a cathartic, the spigelia being prominent among the agents used. Dr. Lord, of New York, recommends the use, for a few days, of the 2nd attenuation of Quicksilver, following it by a full dose of oil. The third method depends upon the mechanical action of the agent used, and of these the bristles or spines of the *dolichos pruriens* are considered best, being given in daily doses of from 5 to 15 grains for two or three days, and followed by Castor oil. So much, in a general way. Now for something more especially adapted to the different varieties. And first, the oxyures. As they inhabit the rectum, copious salt water enemata often brings them away in large numbers, but how shall we prevent their breeding again as some will always remain in the folds of the membranes? Some year or more ago, at the suggestion of a German apothecary, I tried, in two very obstinate cases,

anointing the anus within and without with lard somewhat freely. The success in both cases was all that could be desired, and the cure permanent. Since then it has served me well in many cases.

Now for an explanation. He remarked that they went to the air to breed, and that the lard interfered with their plans. That they were short-lived, and that without the chance to multiply, the race soon became extinct. This, I think, he cannot prove, and my taste for investigation does not lie in that direction. Perhaps some Fellow of the Academy can enlighten me upon this point.

As for the *tænia*, the *kousso* used as directed by Hempel in his *Materia Medica* leaves little to be desired.

Several other agents are used, but I think this stands at the head. It has proved successful in my hand, and we are apt to think well of the bridge that carries us safely over.

DISCUSSION.

DR. COLTON remarked that, for the thread-worm, he had prescribed enemata, consisting of an infusion of the common garlic. He thinks this preparation much superior to the salt water injections. He had never found it necessary to repeat the garlic injection more than two or three times.

DR. KNEIPCKE said he had never known the garlic injection to fail in a case of this kind. It is much used by German physicians. Onions will not have the same effect.

DR. FLETCHER recommended the local application of lard. The worms come to the air to lay their eggs, and this expedient prevents their increase. The parent-worm is short-lived, and they soon disappear. He had prescribed Teucrium 2 dec. dilution internally, with good effect in some cases. In others he had used injections of a weak solution of Carbolic acid successfully.

DR. F. A. LORD had great confidence in the efficacy of the garlic enemata. He thought that leucorrhœa in little girls was almost always due to the presence of ascarides Santonine 1st was a better remedy than any other, although he confessed he could not explain why some physicians prescribed the crude drug in two or three grain doses without any ill effect, since many children are so susceptible to its influence.

DR. J. S. P. LORD, of Poughkeepsie, N. Y., being present, was invited to participate in the discussion. He used injections of sweet oil, and in about ten days the child would be free of worms. This is probably the neatest and best way of despatching the ascarides. By it the worms are probably suffocated. I know of no pathognomonic symptom of worms. I generally

give the 2d decimal trituration of mercury, although, in general, it makes but little difference in this class of cases whether internal remedies are used or not.

DR. FOSTER cited a report which he had read in Braithwaite's *Retrospect*, in which it was claimed that a large number of cases of tape-worm had been cured with Kamala and Koussou.

DR. LORD doubted if there were as many cases of tape-worm among five million of people as had been cited here to-night!

DR. DANFORTH reported having successfully given an infusion of pumpkin seeds, after all the ordinary remedies had been tried without effect.

DR. DUNCAN related a case in which pimples on the face always accompanied the passage of sections of tape-worm. He gave the pumpkin-seed tea, followed with oil and ether. DR. D. also spoke of the domestic expedient of injecting sweet milk into the rectum for the relief of pin-worms.

DR. BALLARD criticised the remarks of the essayist upon the inefficacy of the high potencies in verminose affections. For himself, he knew that mercurius or cina was more effective in the two hundredth than in the lower potencies. The development of these parasites depends upon an unhealthy condition of system, and such a state of the system would be more easily remedied by the high attenuations than by the lower. In cases of worm-fever he had seen the administration of the high potencies followed by the passage of dead and broken-down worms. Sometimes, after a dose or two of these remedies, these disintegrated parasites might be brought away by means of an injection. DR. B. cited a case in which Merc. 200th brought them away in large numbers.

DR. HOYNE coincided with DR. Ballard's views on the efficacy of the high potencies in these affections. When the symptoms indicated it, he had used sulphur for ascarides and maw-worms with great success. His experience in the treatment of tape worm had been limited to one case, in which the patient was directed to fast for one day, and allowed to eat nothing but pumpkin-seeds. The following day the worm was passed, and the patient has not been troubled since.

DR. HOLBROOK thought the views advanced by one member of the Academy should not be ridiculed and held as absurd by others. In one case of ascarides to which he had given sulphur 30, thousands of worms were passed by the patient as the effect of this remedy.

DR. COLTON—Some years ago I prescribed sulphur and sepia in alternation, in verminose affections, with excellent success.

DR. BALLARD asked which of the remedies cured.

DR. COLTON could only be positive that it was one or the other.

DR. F. A. LORD would prefer the ethereal extract of the male fern in case of tape-worm.

DR. I. S. P. LORD thought it unreliable. He believed it possible that a high potency might poison the worm, otherwise it could have no effect upon such a parasite.

II.

DIAGNOSIS OF STONE IN THE BLADDER.

BY PROF. W. DANFORTH, M.D.,

It is important to detect the presence of stone, because ordinary remedies are entirely useless—not only so, but the patient is growing steadily and often rapidly worse. What then are the symptoms? There are four: Frequency of micturition; pain; altered urine, and blood. These four symptoms, if they exist in a certain form and order, indicate the presence of stone, with almost unerring certainty.

How shall they exist?

The frequency associated with stone is greatest during the day, and on motion. If the patient has rested tolerably through the night, but on rising in the morning is disposed to micturate more frequently, as also on stirring about, and if by riding on horseback the frequency is doubled, you may suspect stone.

If, with this frequency, there is pain during and just after micturition, if a little pelvic heaviness exists at the beginning, which sharpens into a decided pain at the close, becoming spasmodic and darting forward to the glans penis immediately after micturition, you may reasonably suspect the presence of stone.

If, with the frequency and pain, the voided urine is cloudy, containing muco-pus, such as we have in cystitis, only a little more so (that is to say, there is more pus in proportion to the mucus), we may suspect stone.

If, to the foregoing symptoms, you add blood, not large in amount, but persistently recurring from time to time, the blood being of a florid color, some blood now and then, the patient, when asked if he passes blood in his urine, will say, no; but on more careful inquiry, will say that occasionally he has noticed some traces of blood, but that it amounts to nothing; yet will finally remember that a month or six weeks ago he

passed quite a quantity, felt better afterwards, and had passed very little since. Blood passed in such a way, associated with frequency, pain, and altered urine, furnishes the conclusive symptom of stone in the bladder.

Are there other symptoms indicative of stone? Yes; but I have grouped these four as almost invariably indicating its presence, because they are prominent symptoms, ostensible symptoms, symptoms of which we must take notice. How often do we find the attending physician prescribing *Nux*, *Bell.* or *Cannabis* to control the frequency and pain; Vichy water to correct the altered urine; *Hamamelis* to stop the blood; and, going on from day to day in the delusive hope that his patient will mend? If he will sum up the evidence adduced from the very symptoms he is vainly trying to remove, he will find that they plainly indicate the presence of stone in the bladder. Does he want more evidence? He has the chemical test of the urine and the sound at his command. He will remember that there are three varieties of stone: the uric acid, constituting three-fifths of the cases met with; the phosphatic acid, the remaining two-fifths, with the exception of three or four per cent. of oxalate of lime calculus.

The uric acid then is the calculus he is most likely to meet with, and he must apply his chemical reagents to detect its presence and note the antecedents of his case, such as the discharge of the peculiar cayenne pepper-like masses of crystals from time to time, etc., etc. Or he will find evidence of phosphatic calculus, alkaline urine, absence of discharge of gravel, etc.

Having determined as much as possible by chemical tests and observations, the sound is to be used. This is an instrument which, when properly used, generally settles the question of stone; and yet, instances are not wanting where the sound has been used, stone diagnosed, lithotomy performed, and no stone found at last!

Very much depends on how the sound is used. Some surgeons of great eminence advise the use of the ordinary silver catheter only, as being all that is needed to determine the presence of stone. But I have noticed that surgeons who recom-

mend the catheter only, are, as a rule, able to diagnose a case without sounding at all, better than a majority of practitioners can with the sound. Long observation, comprehending a great number of cases, enables the surgeon to judge, with almost unerring certainty, from a survey of the general symptoms, whereas the large majority of practitioners of more limited observation must summons to their aid every available means, and then use such means with the greatest possible skill, in order to reach a satisfactory conclusion.

We advise the use of a steel sound, bent a little shorter than the ordinary catheter, the bent portion being only one-third the length of the catheter. With such a sound the surgeon can examine every portion of the bladder with the greatest facility: and it is worthy of remark that there is no special difficulty in finding a large stone, but it always requires skill and care to find a small one. And again, it is most important for the patient that the smaller one should be found, because it can be removed without difficulty or danger, and thus spare long suffering finally attendant upon more dangerous operations.

The sound being introduced the same as the catheter, can be turned completely over in the bladder and made to impinge upon every portion of that viscus, thus often detecting a small stone lodged behind the prostate that would have eluded our search with an ordinary catheter, the beak of which is too long to admit of its being turned over. The finger of the left hand should always be introduced into the rectum, to determine the condition of the prostate, and assist in locating the calculus.

The proper observance of the four symptoms, the use of the chemical tests, and last, but not least, the sound—the improved sound—will enable any practitioner of ordinary ability to decide whether or not his patient is suffering from stone in the bladder.

DISCUSSION.

After reading this essay, Dr. DANFORTH related an interesting case of encysted stone in which some of these diagnostic signs were absent.

DR. STREETER asked what symptom, or symptoms, would indicate the presence of an encysted stone?

DR. DANFORTH replied that frequent, almost continuous, micturition,

night and day, and alkalinity of the urine, would be the prominent symptoms.

DR. STREETER recalled three cases of stone. He was of opinion there was a great difference in different patients with respect to the irritation of the neck of the bladder in such cases. Some, with a large stone, or with a number of smaller ones, suffer but little acute pain in comparison with others who might have only one small calculus.

DR. HOYNE—In one case which I had under treatment, the pain in the neck of the bladder was very acute, micturition frequent, and the calculi passed varied in size from that of a pin's head to that of half a hazel nut. The free use of Vichy water has entirely cured him. During the paroxysms, in which the suffering was referred to the neck of the bladder, the *Polygonum hydropiper* gave almost instant relief.

DR. HOLBROOK inquired the cause of the pain *after* micturition.

DR. DANFORTH explained that it must arise from the contraction of the inflamed structures directly upon the calculus when the bladder had been emptied. He thought it possible for stone to be present without any manifest symptoms, and made some remarks upon an extraordinary case of this kind.

DR. HOLBROOK related a case of cystitis cured by internal remedies which presented the symptom of frequent micturition.

DR. STREETER observed that this symptom was not unusual among women in whom there was no reason to suspect a calculus. In males with stone in the bladder, pain is felt in the glans penis.

DR. HEDGES—When the pain in the neck of the bladder is not due to stone, we can relieve it with our remedies; when it is, we cannot.

DR. BALLARD had frequently seen cases of vesical tenesmus which were not due to stone in the bladder.

THE PRESIDENT reminded the members that the essayist did not claim that dysuria was pathognomonic of vesical calculi. He had dwelt upon the significance of the four principal symptoms taken collectively, and not upon any one of them exclusively.

DR. FELLOWS said that a very severe pain coming on at the end of urination, might sometimes be relieved by sarsaparilla.

III.

INUNCTION.

BY R. N. FOSTER, M.D.

Mr. President :—I would like to call the attention of the Academy to a brief paper communicated to the London Lancet for April, 1870, by H. Gaurd Knaggs, M.D., F.L.S. In this paper, Dr. Knaggs details his experience with anoint-

ing with *Olive oil*. He reports several cases treated by this means (which was adopted empirically) when all usual treatment had failed to arrest the disease. He claims to have had perfect success with this expedient in a large number of cases, among which he reports the following:

First, a case of *Atrophy*. This case was considered too far gone to admit of any hope whatever, and Dr. Knaggs therefore told the parents to oil the child twice a day, adding, that he had not the least faith in the oil, but that a medical friend of his had recommended it. To his great surprise, the child was so much better in one week, that when he met it on the street playing, he did not recognize it. He had, when mentioning the oil to the parents, also left them a medicine, stating to them, however, that he did not think it would be of any use. When he saw the child the next time, therefore, and had learned whose it was, he remarked: "Well, the medicine seems to have done some good, then." "But, he did not take any of it, sir," was the reply. "What have you given, then?" * * * "We oiled him, sir."

This case set the Dr. to thinking, and led him to further experiments. Here was a child who had, in one week, been changed from a helpless, emaciated specimen of marasmus, to a stout, vivacious boy, able to play on his own legs, and to enjoy himself properly in all ways.

The Dr. then applied the oil in cases of bronchitis, and even in one of far advanced double capillary bronchitis, in convulsions, in chronic diarrhoea, (of which he reports one astounding cure,) and even in enlargement of the liver with bronchitis supervening.

The oil used was such as is generally sold by grocers for table use. Whether any other oil than that of the olive would answer a similar purpose, might be a legitimate subject of inquiry. But it is not unreasonable to suppose that the *Olive oil* possesses a peculiar efficacy of its own, just as each drug has its own specific properties. *Olive oil* was extensively used by Eastern nations, and still is, to anoint the bodies of the sick. I believe there is authority, though I cannot at this moment give it to you, for saying, that the Greeks and Ro-

mans were universally given to the practice of inunction, both in sickness and in health. In sickness they used the oil for its curative properties. Perhaps we ought, *prima facie*, to credit these nations with some little share of common sense in their long-continued and universal use of this simple hygienic application. Aetius and Paulus used goose-grease largely, and our own Laurie recommends embrocations in atrophy.

Most of us probably have an affectionate remembrance of the maternal bottle of goose-grease which so frequently lubricated our chests and necks in earlier days. This goose-grease is the remains among us, the vestiges, of the ancient custom of inunction. The rind of fat pork, applied to the neck in severe laryngeal and tonsillary diseases, is the same thing under still another form; and other native variations are to be found in rattlesnake oil, oil of angle-worms, skunk oil, and I know not how many other domestic "specifics," which it is not well, perhaps, to despise too hastily. We may well remember that the invaluable *Arnica*, now so generally and scientifically used, was originally a domestic remedy among the Germans, and had been used by them to dress wounds and bruises centuries before the profession knew anything about it; and had it not been for Hahnemann, it is doubtful whether they would have known anything of its value to this day.

Again, as to the question whether *Olive oil* alone would not have answered the precise purpose of all of the above domestic preparations, we may, with much reason, incline to the belief that, where these have indeed been remedial, the *Olive oil* would have been equally so. Yet we must remember that the *Oil of croton tiglium*, and the *Oil of turpentine*, and finally the marvelous *Oleum Baunscheidtii*, do each manifest peculiar properties in their severally specific action upon the skin and sub-dermoid tissues. Possibly, therefore, the *Olive oil* is possessed of some rare therapeutic value. These points naturally suggest themselves, and I therefore here introduce them, without attaching to them any serious importance. Certain it is, that the very ancient and still common practice of inunction with various oleaginous substances is worthy of a scientific examination and report.

Dr. Knaggs' method of applying the oil scarcely needs a statement. He simply rubbed the patient with it on all parts of the body, from the crown of the head to the tips of the toes. And I infer that he put it on pretty thick, from the fact that he considers a long flannel gown a thing "of course" while the oil is being used. He applied it, according to exigencies, once every three, to every twenty-four hours, and the improvement in most cases was marked after the first application. In other cases it took from one to three days to produce the desired effect.

In many of these cases we may be inclined to allow something to the suspension of all medication, which alone is sufficient to permit recovery oftentimes when powerful drugs are used. But granting all this, the statements of Dr. Knaggs are interesting and important. I have myself known the most prompt and beneficent results from inunction in cases where there existed a remarkable tendency to "take cold;" where every slight change of temperature induced nasal catarrh, obstruction of the frontal sinuses, and all the unpleasant symptoms attendant upon this peculiar susceptibility. In such cases the "patients" (if we may so call them) will awaken every morning with a "stuffed" feeling in the head, and no amount of precaution will protect them from the annoyance. Dr. Knaggs' remedy will frequently change such a condition of the system in the most prompt and salutary manner. Further than this, I have no experience. If other members of the Academy have, I hope they will not fail to communicate it.

Another point suggested, to state it briefly, is, whether the oil acts in a pathogenetic or in a physiological manner; as a medicine, or as a food. Also, whether it is absorbed by the lymphatics, and thus conveyed into the general circulation, acting as a highly concentrated and nutritious food, which yet saves the system the toil of digestion, or whether its action is confined more particularly to the skin, affecting its excretory functions, and so improving the general condition of the body. These points, and others also, which time will not allow me to mention, have seemed to me of importance, and I hope the

Academy will not deem the subject unworthy of its present attention, or of future consideration.

DISCUSSION.

DR. STREETER spoke of the popular prejudice in favor of inunction with oil in scarlatina. In two severe cases in which he had recently employed it the desquamation was very slight. When properly used, he thought it beneficial. In marasmus inunction may act physiologically.

DR. HOLBROOK expressed similar views. In the treatment of scarlet fever he preferred the external application either of sweet oil or of lard.

DR. DANFORTH had recommended rubbing the part thoroughly with oil in case of anchylosed joints, and this with great benefit.

DR. HOYNE asked if it was not the rubbing instead of the oil which had the desired effect?

DR. DANFORTH thought not. He attributed the result chiefly to the oil. He had seen a child, with marasmus, which weighed only nineteen pounds, which, after daily rubbing with oil for one week, increased to fifty pounds weight,—a result which seemed almost as miraculous as some of the reported cures with the high potencies. In the treatment of scarlatina he preferred hot water to sweet oil as a local application. In former years he had used the oil in perhaps a hundred cases of this kind, but since trying the warm water he was satisfied of its superior efficacy. After the use of the latter there were no sequelæ to the fever.

DR. GROSVENOR said he could endorse all that had been said of the good effects of warm water in scarlatina. Concerning cod liver oil, it was his impression that more oil was sold under this name in this city every day than was actually made from the liver of the cod in a year. What was sold for cod liver oil was nothing but fish oil. He had treated a case of marasmus with strong coffee, of which two or three spoonfuls were given several times daily. The body was also anointed with oil; and although the case had been abandoned as hopeless by the physician who preceded him, the child recovered.

DR. HEDGES credited the remarkable and rapid increase of weight after the use of the oil, in the case cited by Dr. Danforth, for he had seen similar cases in the army. Men who looked like skeletons, after a week's treatment, with proper food, were so changed in form and feature as to be unrecognizable.

DR. HOLBROOK had obtained good effects from the local use of cold water in scarlet fever.

DR. R. LUDLAM thought it probable that different oils might be possessed of different properties when applied to the integument. Thus the domestic goose oil seems to act best in affections of the respiratory mucous membrane. It was more penetrating and rapid in its effects than other oils. Olive oil is related to the hepatic function, and of especial service in softening down biliary calculi. In scarlet fever there is a general preference for bacon or lard. It is not impossible that inunction in marasmus may supply nutritive elements to the blood through the lymphatics. Granular matters might thus be taken up from the oil by the absorbents in the skin in some such way as the lacteals in the intestinal villi pick up the particles which form Gulliver's molecular base.

DR. FLETCHER cited the domestic expedient of using skunk oil both externally and internally in croup.

REVIEWS OF BOOKS.

THE CELL DOCTRINE: Its History and Present State, etc. By James Tyson, M.D., Lecturer on Microscopy in the University of Pennsylvania, etc., etc., with a Colored Plate and other Illustrations. Philadelphia. Lindsay & Blackston. 1870.

Every practitioner of medicine is supposed to be more or less informed, and every student of medicine certainly is curious to know all about, the cell and the various doctrines that have been propounded in regard to it. To accomplish this hitherto, however, has necessarily been attended with much labor and research, from the great number and voluminousness of the works devoted to the subject. The author of the above neat volume has placed not only students, but the whole profession, under obligation, by collating and condensing the whole history of the cell-doctrine, including its present status, into one hundred and seventeen readable pages, with which any one may familiarize himself in a few leisure hours. While desiring to render the results of his own extensive study available for others, the writer seems to have been actuated by the utmost impartiality towards those who have written upon the subject in different stages of its development.

The author's own views very properly occupy a few pages at the close of the volume; and, though coinciding with Beale in the main, his suggestions are certainly valuable.

In this connection, we have thought it might not be unacceptable to our readers to very briefly summarize, side by side, the doctrine of the cell, as now held by the two most prominent authorities on the subject, viz., Virchow and Beale:

ACCORDING TO VIRCHOW.

The cell originates only in a pre-existing cell.

It consists of *cell-wall* (not now, however, regarded as essential), *cell-contents*, *nucleus*, and *nucleolus* (the last not always present).

The *whole cell* is *active*. It is the seat of all physiological and pathological processes, the *nucleus* having for its special office the *life* and reproduction of the cell, while the *cell-contents* are charged with the *cell-function* proper.

There is also in many animal tissues an intercellular substance, divided into districts or territories,

ACCORDING TO BEALE.

The *elementary part* (or cell) originates in a pre-existing organism.

It is composed of matter in two states, viz.: 1st. *Germinal, living, or forming* matter, which is central, and includes *cell-contents*, *nucleus* and *nucleolus* of Virchow. This *germinal matter*, constitutes the youngest and the only living, active part of the cell. It is colorless and *structureless*. 2d. *Formed material*, which has passed through the condition of *germinal or living matter*, and is now *inert, passive, dead*. It is peripheral, and includes *cell-wall*, *intercellular substance*, and products of secretion. The *nucleus* is simply a new point or centre of *germinal matter*; the *nucleolus* a still younger one, which has

ACCORDING TO VIRCHOW.
each one of which is presided over by the cell to which it belongs; "so that certain districts belong to one cell, and certain others to another."

The connective-tissue corpuscle (consisting of cell-wall, cell-contents, nucleus and nucleolus), is the starting point of all physiological and pathological processes, and by its various metamorphoses constitutes the healthy or morbid tissue (except the epithelial).

These corpuscles send out elongated processes, which finally anastomose and form a *system of tubes or canals*, for the conveyance of nutrient juices. In certain tissues these finally become transformed into cord-like fibres, to which their elasticity is due, as in yellow elastic tissue.

The cell multiplies by duplication and reduplication of itself.

The white fibrous tissue does not originate in a cell, but in a modification of the inter-cellular substance.

The last statement of Virchow, in regard to the exceptional formation of white fibrous tissue, is illustrative of some of the inconsistencies of his theory. That of Beale seems, at least, to be thoroughly symmetrical and harmonious with itself. It is well known that Virchow has already modified his theory, as originally promulgated, in at least one very important particular, viz., that in regard to the essentiality of the cell-wall.

While agreeing substantially with Beale, in his views of the cell, Prof. Tyson differs from him in two rather important particulars:

1st. In regard to the use of the term *dead*, as applied to the formed material. He says, "We would not, in every instance, speak of the formed material as dead, where it is the seat of so many important vital endowments, as in muscle and nerve. In some situations it is indeed lifeless, as when it becomes the secretion of glands, as bile and milk, or the peripheral part of epithelial cells. It is simply devoid of a power of multiplying or growing by itself, depending for its increase upon the conversion of the germinal matter. Hence we have been inclined to suggest the term "non-germinal," or "non-germinating" matter, since this is the only attribute common to all formed material."

2d. In regard to the *structure* of the germinal matter. Instead of being always structureless, Prof. Tyson prefers, "with Robin, to describe it as sometimes *granular*." "Indeed," he says, "as constituting the mass of rapidly growing cells in health and disease in the higher animals, it is usually granular, as is evident from the study of pus, or mucus, or white blood corpuscles, or the cells of a rapidly-growing morbid growth."

The work abounds in valuable references, and its usefulness is further enhanced by the addition of an extensive and very accurate bibliography.

F. A. L.

ACCORDING TO BEALE.
just been formed from inanimate nutrient-material, which passes in from without, through the formed material. This latter is increased at the expense and death of the germinal matter, and often acquires definite structure, as in nerve and muscle tissue, having different properties in different situations.

Inter-cellular substance is formed material, as illustrated in white fibrous tissue, tendon, and hyaline cartilage.

In tendon, the connective tissue corpuscles of Virchow are regarded by Beale as simple masses of germinal matter, the conversion of which into formed material produces the fibrous inter-cellular substance.

The canalicular system of Virchow is regarded as altogether erroneous.

The increase of cells is by a process resembling gemmation or budding, and subsequent dropping off of that which is to form a new cell.

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BRITISH HOMOEOPATHIC PHARMACOPEIA. Published by the British Homœopathic Society. London. 1870.

This good looking book, with its admirable English type, excellent paper, and modest binding, is another contribution to the coming Pharmacopœia of Homœopathy, which we one day confidently expect to possess. And, as a contribution, it is quite valuable. It aims to combine in itself all that is reliable in previous compilations of this character, besides adding whatever new remedies have been proved and used during the past fifteen years; together with much other important intelligence directly connected with the subject, as the fruit of experience. Of course, no one expects, at this early day, with our present lack of men and means and material, that a work of the above character can be produced, which will be anything more than a contribution, as we have called this, to the genuine Encyclopedic Pharmacopœia which is to come. Its objects, as concisely set forth in the preface, are:

1. "The identification of all the substances used as homœopathic medicines, concerning which any doubt existed."
2. "The revision of the various pharmaceutical processes."
3. "The supplying of good practical tests, whereby the identity and purity of each medicine could be ascertained."

In carrying out this plan, the compilers have used "all the sources of information within their reach," and in many cases have "instituted direct experiments." They judiciously avoid all complications with the theory of "dynamization," simply giving the modes of preparing any "attenuation" that may be desired. It is their expressed object not to impair the value of their work by committing it to any theory on this point. For this reason they do not use the term "potency," but adopt "attenuation" instead.

In plan, the work is superior to its predecessors. Under the common pharmaceutical name for each vegetable remedy are usually given in brief the following points: 1. The natural order to which it belongs. 2. Its synonyms, if any. 3. Reference to works where the plant may be found "figured," that is, engraved in some form. 4. The common name in English, German, French, etc. 5. The habitat. 6. The flowering time. 7. The parts employed. 8. Botanical characters. 9. Time for collecting. 10. The preparations used. 11. Reference to pr̄ings. 12. Proper forms for dispensing. In this way, varied somewhat according to the nature of the substances, a goodly amount of valuable information is given in little compass. For the mineral preparations, suitable tests are given. A few pages are devoted to a description of external applications, liniments, injections, etc.; then follows a list of the remedies, giving the various doses in which each has been used, their duration of action, and their antidotes; and the work closes with a formidable list of remedies that have been but partially proved and little used, together with a list of many drugs that have not yet been proved at all. The work informs us that "Several attempts have been made to invent machines for triturating the drugs, some of which are very ingenious, and to a certain extent effective. The best we are acquainted

with in this country is that of Mr. Hewitt; but even this cannot compete with the human hand. A careful microscopic comparison between machine and hand made preparations showed conclusively, that when the medicinal substance was hard, and in considerable pieces, such as *Carbo vegetabilis* and *Aurum foliatum*, Mr. Hewitt's machine failed to reduce the particles to the same uniformly minute size which was attained in the hand-made triturations."

Had this statement been made upon any less decided authority, it could not pass without close question. Even yet, considering the vastly greater amount of power that could be brought to bear in triturating drugs by machinery, together with the rapidity and constancy with which such machinery may be worked, we cannot help doubting the ingenuity of the above Mr. Hewitt, or of his machine.

As to how our attenuations shall be designated, we do not think this Pharmacopœia altogether satisfactory. In the first place, it advises the rejection of the decimal sign altogether, because it is only necessary in the 1st and 3d decimal preparations, which could just as well be designated by other signs. In this country, at least, the decimal scale is employed by a very large proportion of physicians, and that, too, beyond the third; and it is pretty certain, from the nature of the case, that a good many will always choose this scale. And, while the utmost simplicity and uniformity are certainly desirable in these fundamental matters, yet we think them attainable without any radical disturbance of existing differences. The two scales will not interfere much with each other, if any, so long as careful persons are dealing with them; and other persons are not to be trusted with any scale. The only point of importance here, it seems to us, is that we should adopt a uniform method of designating these scales, and that until such method is adopted, we should use plain and unmistakable terms in speaking of them. There is no valid objection to 3x, and 6c, or to 3d dec. and 6th cent., or to 8-10 and 8-100, or to any other method, provided only that the designation is made uniform for our physicians the world over.

Another point in this work needs clearing up a little. The drug, before attenuation, is said to be "marked φ , or θ ." Only one of these marks is in any way necessary. There is not a shadow of excuse for φ , and we therefore vote for its immediate expulsion. Furthermore, these symbols ought to be explained to us, so that their history may not be lost. What is φ , any way? or θ either? Why not use w instead? As it is the last letter in the Greek alphabet, it might well be utilized to represent the lowest, crudest, grossest form of our drugs. This hint will please the high potency party. Their opponents would probably prefer α , the first letter, to show that they deem the crude drug first in toxical or medicinal energy. Is θ a Rosicrucian symbol, of mysterious significance? Or is it a plain 0, with a line drawn across it? We incline to the latter theory. Its adoption must have been a weak device of some great dynamist, who thereby thought to entrap us into the belief that drugs decreased in power from the 100,000th potency down to the crude form, which was just nothing at all, and therefore to be marked with a zero. Seriously, however, we suppose that

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originally the number 2 marked the 2d cent. attenuation; the number one the 1st; and then, naturally enough, the 0 signified no attenuation. The horizontal mark accidentally turned this last into the Greek letter θ , while an almost perpendicular mark converts it into the Greek letter φ , these marks being used to prevent any possible confusion of the sign with a 0, or an O. If this is the true history of these symbols (and we have nothing but conjecture on which to rest these remarks), then these Greek letters ought to be discarded as inappropriate: the simple 0, with a line drawn across it so as to project beyond the figure at both sides, would be the proper sign to use, and one not easily confounded with any other.

When the next step is to be taken in the production of a still more complete Pharmacopeia, it is to be hoped that both hemispheres will unite their forces, and combine to make the work still more complete and universal. Meanwhile, we ought to be thankful for the decided advance made by the work which we have just reviewed.

R. N. F.

PROSTITUTION CONSIDERED IN ITS MORAL, SOCIAL, AND SANITARY ASPECTS. Second English Edition. By W.M. ACTON, M.R.C.S.

We have just had the pleasure of perusing this very able work, and wish it might be in the hands of every physician, philanthropist, and legislator in the land.

How to deal with this terrible vice is the problem of the age. This eminent English scholar and philanthropist has attempted its solution. The author treats the subject in a broad and comprehensive manner, covering such collateral subjects as illegitimacy, baby-farming, infanticide, and also the wise direction of great charities for this class of unfortunates and their issue. His suggestions in regard to legal enactments will be of great value to statesmen and political economists, and especially to those who are combatting this evil in our large municipalities. He treads this once forbidden ground with great delicacy and tact, and brings to the task a fund of statistical and professional lore really valuable.

L. C. G.

TEXT BOOK OF HOMEOPATHY. By DR. v. GRAUVOGEL, of Nuremberg. Translated by Geo. E. Shipman, M.D. Chicago: C. S. Halsey. 1870.

We have received this handsome book just in time to glance over it, and to see that it demands a careful examination before any opinion of its merits or demerits can be justly stated. The typography is excellent; the translation reads as smoothly as if the work had been originally written in good English—and we can pay no higher compliment to the artistic abilities of a translator. How faithful it may be to the original, we have not yet discovered; but of this there need hardly be a doubt, considering the well-known fitness of Dr. Shipman for such a work. The "Contents" are truly formidable, and may be taken, we suppose, as an "index" to the character of what follows. We confess to a feeling of timidity when confronted with such transcendental headings as these: "Objectivity and Subjectivity;" "The Incomprehensible;" "Vital Force—Force—Life—Natural and Ideal View of the World;" "Perception of Reasons;" "Reasons of Knowing

and Reasons of Being." In some parts of the work, however, we have met with chapters of great practical and theoretical value, and on the whole we feel very favorably inclined towards this new comer. Our next number will pay its respects to the work in due form. R. N. F.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. Ludlam, M.D.; Part Second. Chicago: C. S. Halsey, 1870.

There is an old adage to the effect that any stool requires at least three legs to stand upon. We extend the simple but direct force of the saying to platforms, theories and systems. We observe, nevertheless, that a stool *may* be made to stand on one leg, provided that this leg be run far enough into the ground. So is it again with systems. A system of medicine may be made to stand on the one only support of therapeutics, if one will but consent to run therapeutics into the ground. But the system will stand better, more gracefully, and more in accordance with natural law, if we permit pathology, physiology, hygiene, external applications, and whatever else may stand properly related to the system, to take part in its support.

If it can be confirmed by pathology, by the anatomy of the parts, and by physiological deductions also, that the numerous symptoms, near and remote, of certain diseases of the female generative organism, are all due to an inflammation of the ovary, this inflammation again being due to the physiological afflux of blood to this organ at certain periods—an afflux which, by slight excess, becomes abnormal, thus furnishing a pathological condition—then we have here given, in addition to the bare symptoms, at least three other grand indications to guide us in the choice of a remedy, and to corroborate that choice when made. Indeed we do not see how the vast medley of symptoms presented us in many cases of ovaritis can, by any other means, be coordinated and reduced to an intelligible unity.

Let us notice briefly how the three indications, just suggested, would aid much in eliciting the proper therapeutics in such cases. And first, the origin of the symptoms being found in the periodical congestion to which "the ovaries and their appendages" are subjected, suggests at once such remedies as are known to affect specifically the menstrual function and the organs therewith concerned. Such remedies, among others, are *Pulsatilla*, *Sepia*, *Platina*, *Secale cornutum*, *Belladonna*, *Graphites*. This is the value of the physiological view.

Secondly, the pathology of the disorder has but one word to utter, but that is indeed a weighty one—inflammation; and this again, in the acute stages, points unmistakably to *Aconite*, and in chronic forms to *Culcarea carbonica*, *Thuja occidentalis*, *Silicea*, *Sulphur*, and so on.

Finally, the anatomy involved leads directly to the explanation of many otherwise perplexing reflex nervous symptoms, and saves us the trouble of treating a patient for an idiopathic leucorrhœa, or headache, or sciatica, or even prolapsus, by showing at once the sympathetic and secondary character of these affections. In short, we look upon these extra-therapeutic disclosures as among the loudest of all the "key-notes" that the

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diagnostic art can furnish, and, as such, worthy to be studied with the utmost care. We do not think that anyone can carefully peruse these lectures without a discovery of this truth, if he had not discovered it before or a renewed faith in it, if he had. It is the characteristic feature of the work, its peculiar value, and constitutes its chief claim upon the attention of our school, or for that matter, of any school.

The following quotations from the article on Membranous Dysmenorrhœa will in some measure illustrate these points. After detailing the history of the case somewhat carefully, the author says:

"This case presents some striking practical facts. It illustrates that one physician, and sometimes a number of them in turn, may be deceived concerning the nature of the disease which they have been called upon to treat. It shows how the reflex and secondary phenomena dependent upon uterine disorder may instead the practitioner; and how apt the most experienced in our ranks are to overlook the most important symptoms, while at the same time they put great stress and emphasis upon such as are merely incidental."

* * * "If we compare this membrane with the *decidua vera* in the early weeks of pregnancy, we shall discover an exact correspondence.

* * * The microscope proves these membranes to be identical in structure, and their histological elements are precisely the same as those of the uterine mucous membrane also. It is undoubtedly true, therefore, that the *decidua menstruallis*, as Virchow named it, is not a new or heterogeneous membrane which is formed and expelled the womb at each menstrual period, but the altered lining of that cavity, which has been cast off by a species of physiological moulting."

"Now inflammation is not a factor in the organization of the *decidua menstruallis*, any more than in that of the *decidua vera*, or the outer envelop of the embryo. It is, indeed, incidental to both these processes, but it is not necessary to either of them."

* * * "The reflex nervous symptoms which are present in this form of dysmenorrhœa vary in different persons. In some the stomach is the focal point of disorder, and a most intractable vomiting results. * * * If she is of a rheumatic diathesis, the cardiac symptoms may be so pronounced and so clamorous as to lead to the belief that the heart is the real seat of the difficulty. It was this state of things which induced my predecessors, in the management of Mrs ——'s case, to form an incorrect diagnosis. In the frequent recurrence and severity of her paroxysms of dyspnoea, the palpitation, cardiac pain, oppression and perturbation, there were evidences of functional derangement, but of nothing more serious. * * * Moreover, as soon as she was put upon the remedy which was appropriate for the relief of the menstrual disorder, the cardiac symptoms vanished."

* * * "The proper management of this disease will draw largely on your skill, your professional knowledge and experience, your tact, your deliberation, and your patience. You will have to consider the modifying influences of the rheumatic diathesis, of the abortive tendency, the ovarian disease, the repelled eruption, the reflex complications, and even of secondary disease in the uterus itself. There is no specific treatment which is suitable to all cases of membranous dysmenorrhœa alike. An exclusive idea of its therapeutics would certainly mislead you."

The special therapeutics of the case are then considered, showing what remedies are suggested by "rheumatic complications," by "the abortive dyscrasia," a "repelled eruption," and the "ovarian symptoms." In this case, *Sulphur* 30th was given with general benefit. A few doses of *Apis mel.* 3rd promptly relieved the ovarian pains, as also the urinary trouble

and the cardiac difficulties ; and, finally, she was put upon the steady use of *Calcarea carb.* 12th. The application of the sponge tent, just before the commencement of the menstrual flow, mitigated the sufferings of the patient very much, by dilating the cervix, and thus permitting the free escape of the discharges.

Want of space forbids more extended illustrations. There are few of our readers, we opine, who will not possess themselves of the work as it appears, and value it somewhat as we do. The study of it will not by any means enable us to dispense with the *Materia Medica*, or the study of special symptoms, or of high potencies and low : but it will aid much in connecting these subjects with their proper correlatives, and in elucidating and strengthening them.

The work deserves commendation for its clear and pleasing style, its art of putting things intelligibly, and the beauty of its typography and plan.

In conclusion, we cannot but remark the growing tendency towards this class of works among Homœopathists, or rather towards this more complete method of treating our subject, in preference to the exclusively therapeutic plan. As a notable instance of this, we cite the late work of Grauvogl, from which we quote the following admirable paragraph, recommending a thorough digestion thereof :

"The adherent of the physiological school, for instance, meets with success in many cases. If, at the same time, he is conversant with the experiences of Rademacher's school, then he clearly accomplishes twice as much. If he is also familiar with the doctrines of Homœopathy, then a three-fold success must attend him ; if, at the same time, he is a surgeon, a four-fold ; and if an accoucheur also, a five-fold. Each one of these particular specialties has its own art of observation, its own art of experiment, its own language and perception. No one of these specialties can, hence, be allowed upon the ground of its peculiar views, to isolate itself, and to oppose the other, so long as it is not able to offer its advice, founded upon *natural laws*, and consequently cannot determine, beforehand, the result, at least inductively or abstractively." p. 141.

R. N. F.

THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH. First American, from the Sixth London Edition. By E. H. Ruddock, M.D., etc., etc., with Notes by the American Editor. Chicago : C. S. Halsey, Publisher. 1870. pp. 240.

The relative number of doctors who succeed in writing first-class works on Domestic Medicine is about the same as that of clergymen who can make an address that will interest and instruct a Sunday school. The author of this little book has a genius for this work. His remarks upon medicine in general and Homœopathy in particular, upon hygiene, disease and its cure, medicines and their every-day application, are suited to the comprehension of any intelligent person. The volume contains much that is valuable and deserves a large circulation. This edition is in Halsey's best style, uniform with the American edition of the *Lady's Manual*, by the same house and author.

MATERNITY : A Popular Treatise for Young Wives and Mothers. By Tullio Suzzara Verdi, A.M., M.D., etc., etc., of Washington, D. C. New York : J. B. Ford & Co. 1870.

THE PHYSICAL LIFE OF WOMAN; Advice to Maiden, Wife and Mother.
By Geo. H. Napheys, A.M., M.D., etc. Tenth thousand. George Mac-
lean, Philadelphia. 1870.

CONJUGAL SINS AGAINST THE LAWS OF LIFE AND HEALTH, AND THEIR
EFFECTS UPON THE FATHER, MOTHER AND CHILD. By Augustus K.
Gardner, A.M., M.D., etc. New York, J. S. Redfield. 1870.

Books of this class are gregarious. But their appearance indicates a desire on the part of the people to know more of what concerns their physical health and welfare. If they were not read they would not be printed. In this view their issue is commendable. And there is variety enough to suit all tastes, and to supply all defects in the education of women especially.

Critics might find fault with Dr. Verdi's book because of its denominational cant, its frequent declaration of what the Creator intended with reference to the several functions of the body, its lack of systematic arrangements, its eclectic choice of remedies from all sources, and its typographical errors. But despite these defects, the volume is really meritorious. It contains a great amount of information of which not only young wives and mothers, but young physicians, and old ones too, would do well to possess themselves. There is a world of meaning, for example, in this remark: "It is not every man who is fit to be a child's physician. It is not every woman who is fit to be a child's mother." The author deserves great credit for his labor, and the book merits an extensive circulation.

One who is versed in medical literature will recognize in Dr. Napheys' Physical Life of Woman a curious and well-arranged bit of literary patch-work, a kind of sensational *pot-pourri*. The chief ingredients in the dish are derived from Tilt, Ryan, Chavasse, Johnson, Bull, Bock, Michelet, Lines, Douné, Parker, Pulte, Wilson, Dixon, Mrs. Gove, Klencke, Dirix, Jennie June, and the rest. It is seasoned to the popular taste with familiar extracts from works on physiology and the collateral branches, the current magazines, works on history, etc. Fortunately for its many readers, it contains almost nothing upon therapeutics, although, we regret to say, that little is of the antiquated order.

The third book in the above list is altogether sensational. Excepting the part which is included between quotation marks, it contains little or nothing but words. The aim of the work is undoubtedly good, but—it requires more than an aim to do good execution.

R. L.

SURGICAL PERISCOPE.

BY PROF. W. DANFORTH, M.D.

DR. DOLBEAU'S USE OF ALCOHOL IN DRESSING SURGICAL WOUNDS.—The following is Dr. D.'s plan of proceeding: Having performed the amputation, or removed the tumor, as the case may be, he stanches the haemorrhage by such means as are appropriate and usual in the circumstances. He then washes the wound with what he calls pure alcohol; or, in other words, with the strongest commercial alcohol unmixed with water. The next proceeding is to dry the bleeding surface with fine soft linen. The dressing is now applied. This consists in filling up the cavity caused by the loss of substance, or covering the flaps of the amputation, with feathery tufts of fine charpie, soaked in pure alcohol. The part is then further covered with compresses, which, likewise, are soaked in pure alcohol. The dressings are then enclosed in a double envelope of the impermeable gutta-percha tissue. * * * The whole of the dressings and coverings now described are retained in position by a few rounds of bandage.

The dressings now described—applied, be it observed, when all bleeding has ceased—remain undisturbed till the following day, when they are entirely renewed. During the course of the day it is useful to open up the impermeable covering, and, without touching the underneath dressing, moisten it with pure alcohol. At each dressing it will be found that the charpie is adherent to the raw surface; to detach it without causing an oozing of blood, the dressings ought to be moistened by means of syringing it with alcohol.

* * * At the end of a period varying from five to ten days, the raw surfaces are quite dry, and present a slate-grey appearance. The surface may be kept in this dried-up state—in this condition of local embalming—as long as desired. Cicatrization proceeds very, very slowly, and to accomplish permanent healing, it is necessary to induce suppuration in the wound.

* * * When all goes well—when the appetite and sleep are natural—when strength is regained, the alcoholic treatment is discontinued, and glycerine is used. The time has now come, according to Dr. Dolbeau, when, without detriment, the patient can support suppuration.

* * * At first the alcoholic treatment occasions a good deal of pain, but by the end of the second or third day the wound has become insensible. Some patients beg urgently that the alcohol may be used somewhat diluted with water, but Dr. Dolbeau says that this demand ought to be resisted. The application of pure alcohol often vesicates the skin surrounding the wound. When this inconvenience occurs, it is easily remedied by powdering the blistered surface with starch or rice. In a few exceptional cases

the lips of the wound become greatly swollen, while the surface of the wound has the usual alcoholic dryness, and the usual slate-grey color. In such cases, Dr. Dolbeau discontinues using the alcohol, and has recourse to starch poultices. Once the swelling has disappeared—an event which occurs simultaneously with the establishment of copious suppuration—Dr. Dolbeau resumes the glycerine dressing, and syringes the wound every morning with pure alcohol, so as to cause the separation of all the portion of tissue destroyed by the suppuration.—*British Medical Journal*, November 20th, 1869.

GASTRIC JUICE IN CANCER.—Paint on with a camel's hair brush daily, in open cancer; it destroys fetor, and disposes to heal. If gastric juice cannot be obtained, use Pepsin Wine.

TREATMENT OF BUBOES.—When they contain matter, introduce a small trocar, apply a small rubber syringe to the canula, and draw out the matter; repeat every two or three days until pus ceases to be secreted. This treatment is attended with less pain, and more rapid recovery, than any heretofore tried.

TORSION OF ARTERIES is now practiced to arrest hemorrhage in all cases of amputation, and in other surgical operations, in preference to the ligature.

TREATMENT OF TETANUS.—It is most successfully arrested by the use of the Calabar Bean. Use in doses of two grains of the alcoholic extract, or fifteen drops of the tincture, repeated often enough to control the spasms.

TREATMENT OF CRUSTA LACTEA.—Use wash of Sulphite of Soda, half an ounce to a pint of rain-water; apply cloths wet with the lotion. This is also a good remedy in *Tinea Capitis* and *Scrofulous Otitis*.

TREATMENT OF BURNS.—Carbolic Acid one part, Linseed Oil eight parts; mix *intimately*, soak flannels in it, and keep constantly applied for several days, or until the part heals.

To PREVENT HOSPITAL GANGRENE.—Dress the part affected with lint wet with oil of turpentine.

TREATMENT OF CARBUNCLE.—Carbuncle is best treated without incision; use pressure with adhesive straps. This is very useful to prevent suppuration.

STRICTURE OF URETHRA.—If it has resisted other and ordinary means, it is best relieved by forcible dilatation with Holt's Dilator. If used with reasonable care no danger attends its employment.

LIGHTNING STROKE.—Several cases have been successfully treated lately by first opening a vein, either the jugular or medium cephalic. As the blood begins to flow, commence and continue artificial respiration until consciousness is restored.

DROPSY OF THE KNEE JOINT.—If it has resisted other treatment, it should be subjected to puncture with a very fine trocar, and injection with Tincture of Iodine, *one-fourth strength*. If this treatment is practiced with care, no untoward results will follow.

SCIENTIFIC NOTES AND GLEANINGS.

By F. A. LORD, M.D.

A distinguished writer says: "The central idea of modern science is force;" and it might be added that "modern science" has not yet clearly defined its own "central idea."

It is said that a microscope has been recently constructed in New York, capable of magnifying 9,000,000,000 times! Chicago may be expected to beat this soon.

FLOWERS AND OZONE.—Professor Mantegazza has discovered by careful experiment that ozone is developed in large quantities in the presence of odoriferous flowers. Those destitute of perfume do not seem to possess this property; and, in general, the amount of ozone developed is in proportion to the strength of the odor emitted. Prof. M. recommends that an abundance of strong smelling flowers should be cultivated about dwellings situated in malarious districts, or exposed to other noxious exhalations, as a preventive of disease. The hint is worth remembering.

THOSE MAGNETIC (?) WELLS.—Prof. Vedzie, of Michigan, has recently been engaged in investigating the so-called magnetic wells which have lately become so famous in that State. He says in his report that the water of these wells "is not capable of receiving or retaining that peculiar state of polarity called magnetic;" that the magnetism is developed solely in the iron tubing used, and that similar tubes suspended, whether in earth, air, or water, would become endowed with the same magnetic properties. However this may be, Prof. Wheeler, of this city, who has recently visited these wells, concurs in the opinion that the water possesses no magnetic property whatever.

THE LATEST TRIUMPH OF CHEMISTRY.—The *Quarterly Journal of Science* for July records a most brilliant recent achievement of synthetic chemistry, and, at the same time, a discovery whose immense commercial importance can scarcely be estimated. This is the artificial production of *alizarine*, the coloring matter of madder, from *anthracene*, a product of coal tar not hitherto utilized to any extent. The great value of madder as a dye stuff consists in the many beautiful colors which it is capable of producing by the use of different "mordants." It is estimated by Mr. Crookes that 47,000 tons of madder are annually consumed, at a cost of £2,000,000 sterling. The artificial product is said to rival the natural in every respect. The world is indebted for this discovery to Messrs. Græbe and Liebermann, German chemists, who sought it through a course of careful experimentation and logical deduction from data known only to modern chemistry.

WHERE DO DIAMONDS COME FROM?—Apparent extremes that sometimes meet are the dreams of the poet and the realization of the philosopher. The stars, says the former, are diamonds in the sky ; diamonds, says one who in 1870 may claim the latter title, are stars upon the earth. Who will deny that they have too many virtues to be of worldly origin? * * *

The sky-birth of the diamond is suggested by a continental experimentalist, who, upon the strength of some preliminary researches, declares that intense cold dissociates chemical elements in combination. The "pure carbon" of the diamond he holds to have once been mingled with other matters in masses of meteoric nature coursing through space ; and he argues that the intense cold which reigns in stellar space (200° below zero) has been the means of isolating and crystallizing the carbon, and that diamonds have fallen from the sky, like the aërolites, whose celestial source is well known. Laugh who wilt; disprove who can! We are but chroniclers, and offer no opinion ; but we can tell this much, that the location of diamonds upon the earth will agree much better with the hypothesis of a sky-source than an earth-source. Those Cape specimens that are now attracting so much attention are found on the surface of the ground only ; it is of no use to dig for them. This looks as though they came down, rather than up.—*Eclectic Mag.*

SOLIDIFIED SUNSHINE, AND FOSSIL FRAGRANCE—A beautifully written and highly instructive article, in the *British Quarterly Review*, entitled, "The Place Where Light Dwelleth," contains the two following paragraphs :

"We are accustomed to speak of the sun's light and heat as forces actually garnered up in the vegetation of ancient epochs. We look upon our coal strata as cellars in which sunbeams have been locked up for unnumbered ages, in order that they might ultimately be reissued for the benefit of the intelligent tenantry for whom the world was intended. In a certain qualified sense, this is perfectly true ; coal is unquestionably invested sunshine. The gentle warmth we draw from our domestic fire, the fiercer heat which cooks our food, or melts our metals, are the products of the sun's energy exercised upon the earth during some of those silent centuries when the globe was in preparation for man. * * * There is something captivating in the thought that the great *rector mundi* was working for us when as yet there was no sign of man—indeed, no promise of his coming, and with quiet, patient labor, laying up from day to day those treasures of light and heat which are infinitely more valuable to us than all the gold and diamonds we possess. No one who has studied geological processes can repress a feeling of surprise, perhaps of impatience, at the slow, deliberate step with which nature marches up to her goal ; but when we think of the sun toiling in lonely splendor to store our planet with fuel—we had almost said with his own embodied sunbeams—it seems to reconcile us, in some degree to the august and awful chronology of the universe.

* * * * *
"If, in a modified sense, the light of ancient suns may be hoarded up for ages, so may the odor of ancient seas. Some years ago a writer pointed out

to the Academy of Sciences, at Paris, that the shells of the *teredo*, found in the fossil wood about Brussels, gave out when scratched, or when newly extricated from the soil, a strong scent of the ocean. But of what ocean? Clearly of one on which no human sail had ever been spread, for it belonged to the distant *oceanic era*. After countless centuries had elapsed the subtle aroma of that prehistoric sea was released from its imprisonment, and played upon the nostrils fashioned in this our nineteenth century, as if it were the perfume of a flower plucked yesterday. It brings the ages together to find that from a fossil comes forth fragrance which has been impounded for millions of years, and that from our coal measures we can draw matter which may be called the solidified sunshine of the world's youth.

DESCARTES AND HUXLEY.—A little less than two hundred and fifty years ago, that famous Frenchman, Descartes, wrote as follows: "All the functions which I have attributed to this machine (the body), as the digestion of food; the pulsation of the heart and arteries; the nutrition and the growth of the limbs; respiration; wakefulness and sleep; the reception of light, sound, odors, flavors, heat, and such like qualities, in the organs of the external sense, * * * * naturally proceed from the mere arrangement of its organs, neither more nor less than do the movements of a clock, or other automaton, from that of its weight and its wheels; so that, so far as these are concerned, it is not necessary to conceive any other vegetative or sensitive soul, nor any other principle of motion, or of life, than the blood and the spirits agitated by the fire which burns continually in the heart, and which is nowise essentially different from all the fires which exist in inanimate bodies."

In a recent address to the Cambridge Young Men's Christian Association, Prof. Huxley says: "The spirit of these passages is exactly that of the most advanced physiology of the present day; all that is necessary to make them coincide with our present physiology, in form, is to represent the details of the working of the animal machinery in modern language, and by the aid of modern conception. Most undoubtedly, the digestion of food in the human body is a purely chemical process; and the passage of the nutritive parts of that food into the blood, a physical operation. Beyond all question, the circulation of the blood is simply a matter of mechanism, and results from the structure and arrangement of the parts of the heart and vessels, from the contractility of those organs, and from the regulation of that contractility by an automatically acting nervous apparatus. The progress of physiology has further shown, that the contractility of the muscles, and the irritability of the nerves is purely the result of the molecular mechanism of those organs; and that the regular movements of the respiratory, alimentary, and other internal organs are governed and guided, as mechanically, by their appropriate nervous centers. The even regulation of the breathing of every one of us depends upon the structural integrity of a particular region of the *medulla oblongata*, as much as the ticking of a clock depends upon the integrity of the escapement. You may take away the hands of a clock, and break up its striking machinery, but it will still tick; and a man may be unable to feel, speak, or move, and yet he will breathe."

Huxley says Descartes was one of those men "who attain greatness, because they embody the potentiality of their own day, and magically reflect the future; they express the thoughts which will be everybody's two or three centuries after them."

Stanethyl and *Stannethyl*, are the names of two new organo-metallic compounds (formed by the union of tin with the alcohol radicals, ethyl and methyl), whose physiological effects have recently been investigated by some French chemists. They are described as producing stupor and narcotism to a very profound degree.

Here is an interesting subject for Homœopathic proving, and very likely another to be added to the list of anæsthetic agents.

BOOKS RECEIVED.

TEXT BOOK OF HOMŒOPATHY, by Dr. v. Grauvogl, of Nuremburg. Translated by George E. Shipman, M.D., at the request of the author. Chicago, 1870.—The Physical Life of Woman, etc., by Geo. H. Napheys, A.M., M.D. Geo. Maclean, Philadelphia, 1870.—The Stepping-Stone to Homœopathy and Health, First American, from the Sixth London Edition, by E. H. Ruddock, M.D. Chicago: C. S. Halsey.—Transactions of the Fourth Annual Session of the Homœopathic Medical Society of the State of Pennsylvania, 1869. From the Corresponding Secretary, Dr. R. J. McClatchey.—The Rhine Saline Baths at Rheinfelden (Switzerland). Basle.—Uterine Fibroid Tumors, by Henry Minton, M.D. Brooklyn, N. Y.—Western North Carolina, its Agricultural Resources, Mineral Wealth, Climate, Salubrity and Scenery, by H. P. Gatchell, M.D., etc. Milwaukee, 1870.—Prostitution, considered in its Moral, Social and Sanitary Aspects, in London and other large Cities, etc., by William Acton, M.D. Second Edition. London: John Churchill & Sons. 1870.—Maternity; a Popular Treatise for Young Wives and Mothers, by T. S. Verdi, A.M., M.D., of Washington, D. C. N. Y.: J. B. Ford & Co. 1870.—The Cell Doctrine, by J. Tyson, M.D. Philadelphia: H. C. Lea. 1870.—Conjugal Sins against the Laws of Life and Health, and their Effects upon the Father, Mother and Child, by Aug. K. Gardner, A.M., M.D. N. Y.: J. S. Redfield. 1870.—The Clinical Directory of Dr. Ruddock's *Vade Mecum of Modern Medicine and Surgery*. London, England.

JOURNALS, ETC., RECEIVED.

THE North American Journal of Homœopathy, New Series, August, 1870; Boston Medical and Surgical Journal; Journal of Applied Chemistry, New York, Philadelphia and Boston; American Journal of the Homœopathic Materia Medica; Ohio Medical and Surgical Reporter; The Herald of Health, N. Y.; Good Health, a Journal of Physical and Mental Culture; The Half-Yearly Abstract of the Medical Sciences, Philadelphia; Henry C. Lea; Nashville Journal of Medicine and Surgery; The Medical Gazette, New York; Western Homœopathic Observer, St. Louis; The Woman's Journal, Boston and Chicago; The Medical Independent, Philadelphia; American Eclectic Medical Review, New York; Chicago Medical Journals; Buffalo Medical and Surgical Journal; The Proof-Sheet, Philadelphia; The Dental Register, Cincinnati; The British Journal of Homœopathy; American Journal of the Medical Sciences; Proceedings of the Society of Homœopathic Physicians of Iowa; Annual Announcements of the Homœopathic Colleges of Chicago, Cleveland, New York and Philadelphia; Do. of Rush Medical College; Braithwaite's Retrospect, July, 1870; New England Medical Gazette; Fourth Annual Report of Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburgh, Pa.; Semi-Annual Catalogue and Publisher's Advertiser, John Atwater, Chicago; The Homœopathic World, London, Dr. Ruddock; Fifteenth Annual Report of the Bon-l Street Homœopathic Dispensary, New York; Monthly Microscopical Journal, London; Proceedings of the Indiana Institute of Homœopathy, 1870; Third Annual Announcement of the Cleveland Homœopathic College and Hospital for Women, 1870; American Homœopathic Observer, Dr. Lodge, Detroit; L' Hahnemannisme Journal de la Médecine Homœopathique, organe officiel de l'hôpital Hahnemann, Paris, Avril, Mai, 1870; Rivista Omiopatica, Rome, June, 1870; Dental Cosmos, Philadelphia; Medical News and Library; American Journal of Obstetrics and Diseases of Women and Children, W. A. Townsend & Adams, New York; Monthly Homœopathic Review, London; British Journal of Homœopathy; Medical Investigator, August; New York Journal of Medicine, do; The Journal of the Gynæcological Society of Boston, do.; Pacific Medical and Surgical Journal, do.; California Medical Gazette, do.; Bulletin de la Société Médicale Homœopathique de France, Paris, do.; Philadelphia University Journal of Medicine and Surgery; Half-Yearly Compendium of Medical Science, Part VI., July, 1870; Journal of Applied Chemistry, September; Rivista Omiopatica, Rome, Luglio, 1870; La Reforma Médica Periodica Oficial de la Academia Homeopática Espanola, Madrid, Junio et Julio, 1870; Instructions to Patients for communicating with Physicians, arranged by Alfred K. Hills, M.D., New York. Henry M. Smith & Co., New York.

ITEMS AND INTELLIGENCE.

CHLOROFORM IN SURGICAL OPERATIONS.—The following fatal case, occurring just as we go to press, induces us to remark that the rapidly accumulating evidence of danger from the use of *Chloroform* (however skillfully administered) in surgical operations is so extreme in comparison with *Ether*, as to positively forbid its further use; and the surgeon who continues its administration, despite the hundreds of deaths it has unexpectedly caused, is in the highest degree reprehensible.

Sulphuric ether, though it has a less agreeable odor, and induces some muscular spasm before complete anesthesia, is, comparatively speaking, perfectly safe, and ought always to be preferred.

W. D.

DEATH FROM CHLOROFORM.—“A well-known merchant of this city, William W. Leonard, of the firm of Leonard & Lockhart, No. 54 Lake street, died in Dr. Beebe’s office, corner of State and Randolph streets, yesterday afternoon, from the effects of inhaling *Chloroform*. Some time ago a cystic tumor made its appearance over his left eye, and, as it was gradually growing larger, he determined to have it removed. He accordingly consulted Dr. Beebe, and yesterday was selected for the performance of the operation. Mr. Leonard left his store about noon, in apparently good health, and told his partner he was going to have the tumor taken out. He reached the office of the physician, took a seat in the chair, and *Chloroform* was administered in order to alleviate the pain. He inhaled it easily, and manifested no feeling tending to show that he was taking too much. The operation was nearly completed, when, suddenly, he threw back his head, his neck became stiff, and he gasped. The doctor thought the glottis had been closed, and put his finger into his mouth, and drew his tongue forward so as to open it. He then looked at the pupils of the eye and saw that they were becoming dilated. *Ammonia* was sprinkled in a napkin, and placed so that the patient could inhale it, while artificial breathing was kept up. As the heart did not act, an electric machine was used, and a strong electric current passed through his body; but this had no effect; and after half an hour had been spent in efforts to restore vital action, no signs of it appearing, the case was given up as hopeless. The Deputy Coroner was notified, and held an inquest, and the jury rendered a verdict that death resulted from paralysis of the heart, produced by the inhalation of *Chloroform*. The sudden death of Mr. Leonard is sincerely regretted by a large circle of friends. He was only twenty-six years of age, and was respected by all who knew him.”—*Chicago Tribune* of August 26th.

A NEW TEST FOR ALBUMEN.—Dr. C. Meymott Tidy, Joint-Lecturer on Chemistry at the London Hospital, has noted that a mixture of equal volumes of acetic and carbolic acids is a far more delicate test for the

presence of *Albumen* than any other method that has been proposed. In using this test with urine, it is necessary to shake the test-tube, as some opacity is produced by the mere admixture of fluid, which, however, disappears on agitation.—*British Med. Jour.* April 9, 1870.

FORTICIDE.—Rev. Robert Collyer, in the *Western Monthly*, gives expression to this impressive thought: “There is a word to say about infanticide that goes deeper than that of the physician, the political economist, or the patriot. It is this: That in some way we cannot even imagine, we may have made the whole world poorer by what we have done. What a loss to the world, if one such a sin had been hidden away in Stratford-upon-Avon; or in the poor clay biggin two miles from Ayr, in Scotland; or in the hut eight miles from Newcastle, in England; or in many another place, shielded and shrouded then, as our homes are now, but since then lifted up among the shining points of the world! I could wish no worse hell for my worst enemy, if I should ever take to bad wishing, than that one should haunt him in eternity who might have come and poured mighty treasures into the common wealth of the world but for that sin.”

AMERICAN INSTITUTE OF HOMOEOPATHY.—The Bureau of Surgery of this Institute is already at work preparing its report for the next annual session. We have received its circular, which calls upon every member of the Institute who has any valuable surgical experience to communicate, to correspond promptly with the Bureau. Information respecting the applicability of Homoeopathic medicines to surgical diseases is particularly desired. This is just the time, and that is just the way, to do this work. We are ready to receive the circulars of the other Bureaus also. I. T. Talbot, M.D., of Boston, is chairman of the Surgical Bureau, and will doubtless furnish circulars, or any other information relating to the subject, to any who may find it necessary to apply for them.

THE CLASSICS AT HAHNEMANN MEDICAL COLLEGE, CHICAGO.—Arrangements have been made for giving instructions in Latin at this Institution to such students as may desire some knowledge of that language. The great importance and advantage of an acquaintance with Latin, as a part of a thorough medical education, cannot be doubted by any one who has entered upon the study of anatomy or physiology, or, indeed, of any medical text-book, for they all abound in Latin words and phrases which make no pretence to being Anglicized. The Latin class will not, for the present, be considered a part of the college curriculum. It is regarded by the Faculty as an advantage offered to the students, of which they may or may not avail themselves, as they prefer. R. N. Foster, M.D., will have the charge of this department.

GENIUS EPIDEMICUS.—This is now becoming quite prevalent (as a technical term, we mean), among our writers. But before adopting it too extensively, would it not be well to inquire into its origin, its meaning, and its admissibility? Will some one who knows be good enough to enlighten us on these points? If *genus epidemicum* is meant, then this term should be

used. If *typus epidemicus*—the type of epidemic—is the thing aimed at, then let us use that term. Or, finally, if the term in question is quite proper, let this fact be made clear.

ENUREYSIS.—A novel method of curing this disagreeable affection in boys is set forth in the last number of Braithwaite. It consists in sealing up the prepuce with Collodion, which is to be picked off when the proper time for micturition arrives, and again renewed immediately after. The Collodion in this case, we suppose, acts on the same principle as the Molasses-gate in diarrhoea, giving to the patient absolute control of the discharges.

WHAT IS PUERPERAL FEVER?—An admirable article on this subject, a translation by S. Lillenthal, M.D., of New York, was unexpectedly crowded out of the present number. It will certainly appear in the next.

OUR JANUARY NUMBER.—The next issue of this journal will contain a "full-length" review of Grauvogl's work, by Dr. W. H. Holcombe, of New Orleans; a paper on the Obstetric Forceps, by Prof. T. G. Comstock, of St. Louis; one upon the Medical Examination of Applicants for Life Insurance, by Dr. Geo. Einmet Hall, of Cleveland; and others from Drs. I. S. P. Lord, of Poughkeepsie, J. P. Dake, of Nashville, Profs. Mitchell, Danforth and Pratt, and Drs C. N. Dorion and A. W. Woodward, of Chicago; with Reviews, Items, Transactions of the Academy of Medicine, etc., etc.

OUR FRONTISPICE—We invite the attention of our readers to the accurate and well-executed engraving of our new college building which appears in this number. It is not uncommon for buildings of this kind to be engraved as they are to be—as they exist in the "mind's eye" of their projectors—rather than as they are. The whole of a magnificent *design* for a building is thus set forth, oftentimes, when only a small wing is really built, or likely to be built for years. But our "picture" is strictly veracious in all respects, even to the street car that occupies the foreground; and as such our readers may rely upon it.

ERRATUM.—In the last number of this Journal, article Lachesis, the word *asthma*, wherever it occurs, should read *asthenia*.



Cleveland Medical College.

UNITED STATES

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ALCOHOL:

ITS PATHOGENETIC CHARACTER AND THERAPEUTIC USES.

By J. P. DAKE, M.D.

It is not our purpose here to consider the chemical composition or character of alcohol, or any of its common properties and uses, further than may be concerned in a clear view of its influence upon the living human organism. Nor shall we deal with its history, except as it appears in the domain of pathogenesey and therapeutics.

Taking it as the market furnishes it, in various forms, we propose to inquire—

I. IS IT AN ARTICLE THAT SHOULD EVER BE EMPLOYED IN THE TREATMENT OF HUMAN AILMENTS?

II. WHAT ARE ITS POSITIVE AND UNIFORM EFFECTS IN THE HUMAN ORGANISM, AS A WHOLE, AND IN THE DIFFERENT ORGANS AND TISSUES IN PARTICULAR?

III. WHAT ARE ITS THERAPEUTIC USES?

IV. IN WHAT FORMS AND DOSES SHOULD IT BE ADMINISTERED?

I.

Before entering upon the discussion of the first question we should remark that we shall observe no distinctions among the various liquors called alcoholic, such as brandy, whisky, wines and beers, since they all have been included, in a sweeping denunciation, by those who object to the medicinal employment of alcohol.

There are many persons, now constituting quite a large class, who contend that all agents not required for the support of the body in health, are necessarily and always injurious to it in a state of disease. Prominent in this class we may mention James C. Jackson, M.D., and R. T. Trall, M.D., both having written much in support of their favorite theory, and in furtherance of general hygiene. The latter has given to the public a monograph of alcohol,* to which we shall have occasion to refer presently. We can not here enter upon an extended argument, even if it were needed, with those who assume such ground in regard to therapeutic means, especially as we write mainly for those who entertain opinions quite opposite to theirs. We shall be content to show that the practice of Drs. Jackson, Trall, and their associates contradicts, and so does away with, their theory touching this and other medicinal articles.

In cases of obstinate constipation, they prescribe injections of cold water. Is *cold water*, thrown suddenly into the warm and sensitive rectum, an agent required in a state of health?

They prescribe a hot bath, the water ranging from 98° to 110° F., in diphtheria.

Is water, *at that temperature*, covering the entire body, an article required in a state of health?

Now, let there be no attempt to escape the conviction which proper answers to our questions must bring, by the truism that water, as an article of aliment or a diluent, is required in health, nor that it should be used externally for cleansing purposes, by all people.

Cold water, in the rectum, is pathogenetic; and so is a gen-

* *Alcoholic Medication.* R. T. Trall, M.D. 1866.

eral bath, in water at a temperature of 110° F. Both disturb the harmony, and so, the normal state of the organism, when in health, and hence prove curative when rightly employed in cases of disease.

Drs. Jackson and Trall prescribe cold and hot water, we doubt not very successfully, not because water is required by persons in health, but because *heat* and *cold* so applied exert a positive influence upon the organism, or certain of its parts. In other words, the heat and the cold must, each in its own way, induce a pathological state, under the circumstances, favorable to the restoration of harmony and health.

If this were not true, why should water be used at such different degrees of temperature in different cases?

To all who reflect upon the subject it must be plain, that articles of a nature or in a condition to be digested and assimilated for the growth or repair of vital tissues, possessing a power to excite the organism only so much as required in a state of health, can not officiate as agents in the cure of disease. Means are required capable of influencing and changing the conditions of one organ or another in a positive and certain manner; and remedies are therefore taken from the large class of articles not used as aliment, but for the most part regarded as poisons.

Thus comes the practice, so variously theorized upon and explained, of curing an abnormal action or condition by the institution of another abnormal action or condition, which latter shall itself subside and disappear, its curative work being accomplished. This then, is the great fact underlying all medical practice, and which should ever be borne in mind, namely, that all remedies, come whence they may, be they animal, mineral or vegetable, solids, liquids, or vapors, palpable or impalpable, and upon whatever theory or principle exhibited, if addressed to the vital economy, are and ever must be, in their very nature, *primarily hostile to human health and life.*

Let not the *Lobelia* taunt the *Arsenic* with being a poison; nor the *Cold water* taunt the *Lobelia*; nor the *Electricity* the *Cold water*; nor the *Gymnastics* the *Electricity*; nor yet the

Magnetic passes the *Gymnastics*; for each and all, at one time or another, have impaired human health, if they have not also destroyed human life. True, the various agents are not all equally noxious or destructive; yet he who vaunts himself in wielding powers not primarily antagonistic to the harmony of the healthy organism, and which are yet capable of curing positive and well established cases of disease, is poorly versed in the laws governing the human economy, and must be possessed of little experience that is not fallacious.

Dr. Trall, in his pamphlet, says: "I deny that alcohol acts on the living system at all," and yet, very soon after, writes: "The alcohol, whether administered as a medicine or taken as a beverage, occasions a commotion, a disturbance. When this commotion or disturbance is moderate, it is called *stimulation*; when greater in degree, *irritation*; when still greater, *fever*, and, when greatest, *inflammation*!"

If alcohol does not act on the living system, then does not hot or cold water, or *Opium*, or *Nux vomica*, or any other article of the *Materia Medica*.

But it is agreed, on all hands, that it has positive and quite uniform pathogenetic powers; and so we are warranted in ranking it among admissible curative means.

But objections come again, from parties who do not question the pathogenetic, or even the curative powers of alcohol, but fear its intoxicating and demoralizing effects among the people. In view of the sad effects of drunkenness in the world, the unquenchable character of the drunkard's thirst, and the great blame due to the medical profession for its frequent and unnecessary exhibition of alcoholic liquors in cases of illness, we advocate their employment only when they are clearly indicated under the law *similia*; when other remedies will not do equally well, or are not at hand; and then, in such doses and for such period only as may bring the desired relief.

Because people have abused themselves with alcoholic drinks, and thereby become madmen and beasts, and because physicians have prescribed their almost indiscriminate use, not alone in curative but often in killing quantities, we must not shut our eyes to all their good effects hitherto experienced,

nor refuse those greater benefits yet to be obtained, under a mode of practice at once more certain and mild in its medication.

We are told, and quite truly, that the medicinal use of alcoholic liquors begets an appetite for intoxicating drinks, and so leads on to excess. So does the medicinal use of *Opium*, *Chloroform*, *Pepper*, *Spices*, and many other articles of *Materia Medica*. The grand difference is that *fashion* and *social custom*, with their mighty power, favor indulgence in alcoholic drinks, while they place a ban upon the habitual and public use of *Opium*, *Chloroform*, *Arsenic*, etc. Let it once become fashionable for ladies and gentlemen to carry about bottles of *Chloroform* for inhalation, on account of its enlivening effects — or boxes of *Opium* or *Morphine* lozenges — and it will be no time till you may see plenty of both sexes wild with exhilaration or stupid and foolish enough, not alone in places of low amusement, but also in the parlor, by the domestic fireside, and even in the sacred precincts of the church.

Then, let us war upon a baneful *custom*, a *horrid fashion* — let us strive to make it as odious for persons to take stimulating beverages, except in cases of sickness, as it is to take *Opium* and *Chloroform*; but let us not deprive suffering humanity of a most important curative agent because social custom has favored its abuse; nor yet, because a mode of excessive drugging has hitherto made it more a curse than a blessing to the world. Shall we commit the foolishness of refusing to drive a fine horse to market or to church because fine horses have led excited men into racing and gambling? Or, shall we object to the employment of electricity to carry our messages over continents and through seas because it has in all time been the most terribly destructive shaft hurled from the hand of the Almighty upon the habitations and haunts of men?

Let us rather heed the sentiment of Horace —

“*Est modus in rebus, sunt certi denique fines,
Quos ultra citraque nequit consistere rectum.*”

which is quite as true now as when written, nearly two thousand years ago — that there is a method in things, fixed limits, on neither side of which right is to be found.

The great aim of all investigation, of all scientific research, is, and must ever be, to find that "happy medium" where truth and utility abide, free from error on either hand.

In conclusion, then, in answer to the first inquiry, we must say that, as alcohol has exhibited positive and distinct pathogenetic powers, it must, under the guidance of the Homœopathic law, prove of greater therapeutic value than hitherto in the hands of empirical and theoretical practitioners; and that, under such guidance, it can never prove destructive, or engender the depraved appetite of the drunkard.

II. PATHOGENETIC.

In the discussion of the second question, as to the effects of alcohol in the healthy organism, we cannot altogether ignore the differences between the various liquors in which it occurs.

It must be evident to every observer, especially in the medical profession, that brandy, whisky, wines and beers have not, each and all, the same kind or measure of influence upon persons who use them. A mixture of alcohol, water and sugar, in which the spirit, by measurement, is ten per cent., has not the same effect as a quantity of ale which exhibits exactly the same amount of spirit. Nor does half a gill of brandy, possessed of a given amount of alcohol, have the same influence upon the stomach, liver and brain, as a drink of Rhine or Catawba wine having a like amount of spirit.

Hence the great fallacy, running through the reasonings of some ultra temperance advocates, when they would huddle together and sweep away wines, beers, brandies, etc., without distinction, and as all deserving the same measure of condemnation, being "evil, and only evil, and that continually." The tartaric acid of the dry or sour wines exerts a very decided influence upon the digestive apparatus, counteracting and finally overcoming any irritating tendency which the spirit contained in them might manifest, under other circumstances. It is this antidotal action of the acid, doubtless, which enables people to drink such wines for a life time without the establishment of that peculiar condition known as the "drunkard's insatiable appetite."

In view, therefore, of the manifest differences shown in the effects of the various liquors in the human system, we shall group, and so consider, as nearly identical with alcohol, only brandy, rum, whisky, and such others as may possess about fifty per cent. of spirit and very little of other active properties.

The effects of alcohol, which we are about to submit, have been observed or reported by various writers, principal among whom we may mention ORFILA, CHRISTISON, OGSTEN, PETERS, CARPENTER, MARCY, PEREIRA and BEAUMONT.

We regret that there has never been a proper proving of this article, under circumstances and in ways favorable to a proper exhibition and observance of its pathogenetic powers.

What we have been able to gather and to observe we have arranged, as far as possible, under appropriate heads, for our use, till a *College of Provers* shall be organized, with all the conveniences and tests necessary to learn the finer and the characteristic effects of this and all other remedies.

We have endeavored, in our arrangement, to place the symptoms in the order of their occurrence, under each head, so that the secondary shall follow the primary, the organic the functional, and the chronic the acute.

We have not followed the old method, of giving separately the morbid appearances observed in *post mortem* examinations, but have placed them among the symptoms which indicate organic and structural lesions. And, in regard to such appearances, we should remark, that they must not be relied upon too implicitly, for they have been traced often in the persons of those who have died amid the various abuses and exposures incident to a life of drunkenness. Besides, the uncertainty—always casting doubts upon *post mortem* appearances, touching their exact causation—which is felt in all pathological examinations and studies, comes in here, also, to make us careful and not over-confident. In order, however, to avoid such errors, and to present only the morbid appearances clearly traceable to the action of alcoholic liquors, we have included such only as have been traced in at least four different cases.

And in regard to all the other symptoms, which we give in detail, we may say, that they have been observed and repeated over and over again.

Alcohol, in its simple form, or when diluted with water, has been little used, either as a beverage or an internal remedy. It is much better known and very frequently employed in the form of brandy, whisky and rum.

Like all other medicinal or toxic agents, its impressions, while uniform in kind, differ in degree and extent, according as more or less alcohol is used. A small quantity influences the system in the same direction as a large, though not so deeply or so long.

Its effects are cumulative, portions of each quantity or dose taken being absorbed and retained in certain tissues or cavities of the body for a longer or shorter time.

Its general character is that of a most rapid excitant or stimulant.

We behold evidences of its exceeding activity as a stimulant, whether we look upon the system exhausted and anaemic from its many and excessive reactions against large or often repeated quantities imbibed, or upon the system in the flush and heat of first resistance to its invasion, in moderate quantities.

BRAIN AND NERVOUS SYSTEM.

The first impression of alcohol upon the brain is manifested in the cerebrum, occasioning increased activity of the mind, exhilaration, etc.

Its second, or further impression, is upon the cerebellum, causing derangements of sensation and motion; while, lastly, it bears upon the medulla oblongata and spinal cord, producing difficult respiration, tetanic spasms, etc.

How the head becomes so soon affected upon the introduction of alcohol into the stomach has been a disputed question, some contending that by absorption and actual conveyance in the blood it becomes a local irritant in the brain, while others maintain that its impression upon the nerves of the stomach is carried, by sympathy, to the brain, before its absorption and conveyance in the blood could take place.

Experimentation has shown that, in cases where intoxication and death have resulted from one ingestion of alcohol, there is very little, if any, trace of the article recognizable in the substance of the brain upon *post mortem* examination, while the repeated ingestion of smaller quantities, not immediately, but ultimately fatal, has left very sensible portions of it there.

We must conclude, then, that alcohol affects the brain by reason of some special affinity or attraction, exercised through the nerves as well as blood-vessels; and that it may prove destructive to life, either directly by its local impression upon the stomach and shock to the nervous centres, or by its presence and irritating effects in the brain, nerve, and other tissues. And it also, through the stomach, exerts a powerful influence upon the sympathetic system of nerves, affecting thereby the action of the heart and respiratory organs. We will now proceed with a display of the particular effects of alcohol.

MENTAL AND EMOTIONAL.

Rapidity and variety of thought; animation displayed in the features and gestures; flushed face; exhilaration of spirits; talkativeness and abeyance of usual caution; increased self-esteem and importance; impatience of contradiction; absurd fancies—feeling unusually strong and rich, insulted and abused by one's friends, having great dignity and importance; melancholy, with inclination to commit suicide; mania, with disposition to commit murder or incendiaryism; mania for alcoholic drinks, pepper, and other heating things; rapid changes of humor, exhibiting gaiety, mirthfulness, petulance, anger, moroseness and melancholy by turns. *The further action or stronger influence of alcohol develops other symptoms, such as, greater confusion of ideas; reasoning powers altogether disabled; errors of the senses; objects supposed to be seen, felt or heard which are not present; vertigo, double-vision and ringing in the ears; tremulous movements of the hands; unsteady walk; efforts to move to one side of the path carry the person to the opposite side; the feet are lifted too high in walking, or are shuffled and dragged along; stammer-*

ing or muttering speech ; voice husky and thick ; eyes vacant and heavy ; face pale.

And, when the impression of alcohol is yet stronger or more continued, the following symptoms also appear: Inattention to outward objects ; failing of the senses ; failing of strength ; sudden falling or lying down, in any place — in the street, in the water or before a locomotive ; pupils dilated, but, in extreme cases, contracted ; heavy sleep ; head warmer and extremities cooler than normal ; respiration slow and sometimes convulsive ; eyes squinting ; convulsions, the muscles rigid and contracted or extended ; profound coma.

Again, the cumulative influence of alcohol, when used excessively and continuously, presents some further and very characteristic symptoms. The brain and nerves, no longer occupied and controlled by the personal will, seem in possession of a tormenting fiend. There are nervous tremors of the tongue and hands ; depression of spirits ; sighing, anxiety and apprehension of evil ; sleeplessness, or sleep filled with horrid dreams ; pallor of face ; eyes glistening or red and glaring ; coolness of the surface and occasional cold sweats ; hurried movements ; rapid and incoherent talk ; efforts to escape from the bed or room, or from some frightful object ; creeping sensations, as of something under the skin ; flying pains ; paralysis. Says John B. Gough, in detailing his own experiences, “ Hideous faces appeared on the walls and on the ceilings and on the floors ; foul things crept along the bed-clothes, and glaring eyes peered into mine. I was at one time surrounded by millions of monstrous spiders, which crawled slowly, slowly, over every limb, whilst beaded drops of perspiration would start to my brow, and my limbs would shiver until the bed rattled again. Strange lights would dance before my eyes, and then suddenly the very blackness of darkness would appal me by its dense gloom. All at once, whilst gazing at a frightful creation of my distempered mind, I seemed struck with sudden blindness. I knew a candle was burning in the room, but I could not see it, all was so pitchy dark. I lost the sense of feeling, too, for I endeavored to grasp my arm in one hand, but consciousness was gone. I put my hand to my

side, to my head, but felt nothing, and still I knew my limbs and frame *were* there. And then the scene would change—I was falling, falling swiftly as an arrow, far down into some terrible abyss; and so like reality was it, that as I fell I could see the rocky sides of the horrible shaft, where mocking, jibing, fiend-like forms were perched; and I could feel the air rushing past me, making my hair stream out by the force of the unwholesome blast. Then the paroxysms sometimes ceased for a few moments, and I would sink back on my pallet drenched with perspiration, utterly exhausted, and feeling a dreadful certainty of the renewal of my torments."

To set forth all the mental and emotional symptoms of what is called *alcoholism*, and *mania-a-potu*, would exceed our present limits; for they are as numerous and varied as could arise from the diseased brain and nerves and the perverted imagination and unbridled passions of man, in all conditions and circumstances of life.

HEAD.

Immediately after the head symptoms we shall present those of the organs of sense—the eyes, ears, nose and mouth—although they belong, perhaps, quite as much to other divisions of our pathogenesis.

Heat and redness of the scalp, and afterward coolness and paleness of the surface; feeling of lightness and clearness in the head, and afterward confusion and weight; headache, sometimes with nausea and vomiting; vertigo; obscuration of sight and ringing in the ears; the temporal veins look full, and the temporal arteries beat rapidly and forcibly, afterward they seem exhausted and collapsed; congestion of the brain and its membranes; mania; coma; effusion of water into the membranes and ventricles of the brain; softening of the brain; induration of the brain; imbecility; insanity.

EYES.

Bright and animated or suffused and soft; red and excited; pupils dilated and afterwards contracted; veins of the sclerotic membrane turgid and prominent; linings and margins of the

lids congested ; yellow tinge of the sclerotica — in hard drinkers, catarrhal inflammation of the eyes, roughness of the margins of the lids (granulation) ; effusion and swelling below the eyes ; double vision ; optical illusions — *from large quantities taken*, contraction of the pupils, drooping lids, and coma.

EARs.

Acute sense of hearing ; throbbing, ringing, roaring or singing in the ears ; confusion of sounds ; illusions of hearing ; imaginary voices and sounds ; dryness in the external meatus ; *symptoms worse when lying down and in the quietude of the night.*

Nose.

Redness of the nose, especially at the end ; vessels of the skin congested ; swelling and inflammation ; red pimples or tubercles ; lining membrane of the nares inflamed and ulcerated ; bleeding from the nose ; illusions of the sense of smell.

MOUTH.

Mucous membranes of the mouth and tongue heated and dry ; tongue smooth and red, with tendency to stick to the teeth or roof of the mouth ; tongue feels thick, is tremulous, partially paralyzed, causing one to stammer ; illusions of the sense of taste. *In habitual drinkers*, foul taste ; white and sometimes brownish coating on the tongue ; rising of tasteless or foul liquid in the mouth. *In the morning*, sour, saltish or bitter taste in the mouth ; offensive breath ; froth in the mouth ; cracks on the tongue, running from the middle out to the edges.

HEART AND VASCULAR SYSTEM.

Alcohol, instantly upon its ingestion, excites the heart, through the great sympathetic nerve, quickening its movements, in an effort to counteract, through a more rapid supply and change of blood, the local injury being done to the stomach. Small doses exert but a transient influence, accelerating the pulse

and augmenting the temperature, especially of the head, face, thoracic and abdominal regions.

Larger quantities produce a more excited action of the heart, and are soon followed by a very sensible depression, slowness of pulse and coolness of surface. But the continued ingestion of alcohol leads to its absorption, till it acts locally upon the heart, arteries, veins, and other tissues remote from the stomach.

The influence of alcohol, acting locally, is to coagulate or thicken albumen, and to contract the red corpuscles of the blood, by carrying part of their fluid and coloring matter to the liquor sanguinis.

It also corrugates any of the more tender tissues of the body. This power, it is easy to see, must greatly influence nutrition in every part of the organism, inasmuch as all the material for the growth or repair of tissue must be supplied from the blood. And it must also affect, more or less, the functions of all the organs, hastening and retarding them by turns, and so, finally, wasting much of their normal power.

We submit the following well-marked symptoms of alcoholic influence:

Increased heat and rapidity of action in the heart; very excited action, violent throbbing of the heart; enlargement of the heart by dilatation; enlargement by fatty deposit upon the exterior, and on the walls of the interior of the heart; general fatty degeneration of the heart; hypertrophy of the left ventricle; dilatation and attenuation of the right ventricle; mitral and tricuspid valves affected (weakened); a general weakened and flabby condition of the heart;—irritation of the pericardium.

Enlargement of the aorta; momentary contraction and then dilatation of the arteries, under the local application of alcohol; enlargement of the vessels of the brain, especially of the sinuses; enlargement of the veins of the lower extremities (varicose); inflammation of the lining membranes of the arteries and softening of the same; fatty deposits in the arteries; the blood looks watery, and contains free globules of fat; the form and color of the red corpuscles

changed, being contracted irregularly and slightly faded; the liquor sanguinis more colored than usual.

LUNGS AND RESPIRATORY SYSTEM.

Alcohol does not seem to exert any specific influence upon the lungs, but causes irritation by its passage through their tissues, and by its exhalation from their tender mucous linings. The blood received through the pulmonary arteries, when charged with alcohol, excites and irritates the lungs, and, finally, lowers their tone and strength. The continual presence or frequent supply of such an irritant, as well as the altered properties of the blood itself, can but lead to morbid conditions.

Again, alcohol influences the respiratory processes through the sympathetic and motor nerves. The following are the leading symptoms to which it gives rise:

Sensation of heat in the larynx; hoarseness; accumulation of mucus in the air passages; frequent disposition to clear the throat; hacking, dry cough; irritation and congestion of the lining membrane of the air passages; sensation of warmth in the chest; respiration quickened and then retarded; heavy, labored breathing; asphyxia; congestion of the lungs; spitting of blood; emphysema; adhesions of the lung; effusion into the pleura; splenization of portions of lung.

DIGESTIVE AND NUTRITIVE ORGANS.

The influence of alcohol upon the stomach, entire alimentary canal, and upon nutrition in general, is very decided. Much controversy has existed, of late years, as to the proper uses of various alcoholic liquors, some regarding them as articles of aliment, and others only as poisons, or, at best, but medicines.

We do not propose to enter upon such questions here, although we do not hesitate to say, that alcohol, and the liquors we have classed with it, in this treatise, are in no sense articles of aliment. They furnish no pabulum capable of sustaining the body in a state of health and vigor—nothing

which may be digested and assimilated for the growth or repair of vital tissue. They are all disease-producing in their influence upon the healthy, and hence may become medicinal and curative in their influence upon the sick. Their special effects will be shown in the following symptoms.

THROAT.

Redness, dryness and heat; collection of mucus, sometimes bloody; granulations on the posterior wall of the throat, also on the base of the tongue; engorged appearance of the veins in the fauces; soft palate and tonsils red, swollen and sore; swallowing painful; aphthous ulcers in the throat; gangrenous ulcers; spasmodic dysphagia; paralysis of the muscles of deglutition.

ŒSOPHAGUS.

Burning sensation back of the sternum; soreness, felt from the throat down to the stomach, after swallowing solid food or very hot or cold drinks; sensation as of something lodged in the œsophagus; feeling of contraction or stricture, preventing the discharge of flatulence by belching; strong efforts to clear the throat, or belch, or vomit, bring up blood or bloody mucus.

STOMACH.

Heat and burning in the epigastric region; sense of oppression and weight; acid and foul eructations; distension, especially after eating; singultus; nausea and vomiting, especially in the mornings; epigastric sourness, upon pressure or after eating; strong appetite for food, but, after long drinking, loss of appetite; thirst; desire for pepper, mustard, and other heating articles; the lining membrane of the stomach inflamed, congested, thickened; again, relaxed, softened, and covered with mucus; and again, discolored with patches of extravasated blood, or covered with bloody mucus; hæmatemesis; aphthous ulceration; softening; the stomach, as a whole, contracted, in some cases atrophied. Small quantities of alcohol stimulate the stomach, increasing its action temporarily,

while larger quantities, repeatedly taken, soon exhaust its power and depress its action.

INTESTINAL CANAL.

When more alcohol is imbibed than may be absorbed in the stomach, its peculiar exciting and irritating influence is felt in the duodenum and small intestines. The lining membrane is inflamed and congested; there are colicky pains, flatulence, constipation, or diarrhoea succeeding constipation; stools blackish, bilious, slimy and bloody, or thin and clay-colored; tenacious mucus lining the small intestines; haemorrhagic effusion beneath the mucous membrane; congested spots; contraction of the intestines; softening of the mucous membrane. General congestion of the bowels; engorgement of the haemorrhoidal veins and bleeding from them.

LIVER.

Increased action of the liver; inflammation and congestion; heat, weight and soreness in the region of the liver; enlargement of the liver; fatty deposit in the membranes of the liver from long use of alcoholic drinks; atrophy of the liver tissue, with general hypertrophy, from fatty accumulations in the membranes or areolar tissue; the substance of the liver softened, and the surface dotted with fatty infiltration; in hard drinkers, the liver is yet more enlarged, with thickened, obtuse edges, the parenchyma itself being white, with fatty deposit; liver torpid from exhaustion and organic change, the eyes and skin being jaundiced; the venous capillaries of the liver enlarged and pressed with dark blood, giving a nutmeg appearance to the organ when cut through; the gall bladder pressed with bile.

OTHER ORGANS AND PARTS.

KIDNEYS.

As the kidneys, like the lungs and liver, perform a work of elimination, they are more or less the seat of irritation, from the alcohol passing out in the urine. And they are also

affected by the globules of fat, and other unusual properties in the blood. At first stimulated to increased activity, they afterward become exhausted and slow, and, finally, under the long-continued use of alcoholic drinks, they become organically affected, as the following symptoms will show:

Increased quantity of urine; sensitiveness, aching and pain in the region of the kidneys; albuminous urine; high colored urine—as secondary, lessened secretion of urine. In old drinkers, inflammation and congestion of the kidneys; enlarged, flabby condition of the kidneys; whitish, fatty, or albuminous spots through the cortical substance of the kidneys; “granular” kidneys; hæmaturia.

BLADDER AND URETHRA.

Frequent desire to urinate; copious flow of urine; inflammation of the lining membrane of the bladder and urethra; collection of mucus in the bladder and urethra; thickening of the mucous membranes; hæmorrhagic patches on the inner surface of the bladder; discharge of blood, or bloody urine; weakened and paralyzed condition of the muscles of the bladder, and consequent retention of urine, or involuntary micturition.

SKIN.

The local effects of alcohol, applied to the skin, are, heat, congestion of the capillary blood-vessels, and corrugation. The general influence is, first, to increase, and then to lower, the temperature—to heighten and then to deaden the color—to quicken the circulation and then to retard it.

In cases of hard and long-continued drinking, the skin becomes dry and scurfy; there is erysipelas, eczema, prurigo; wounds easily take on erysipelas, and sometimes are speedily gangrenous; boils, red pimples, especially on the face; tormenting eruption, exceedingly itchy (*psora ebriosum*), spreading over the body the more it is scratched, and presenting rough, scaly patches; blue-looking spots and ulcers, especially on the lower limbs, in connection with varicose veins; large, indolent, blue-looking boils or carbuncles.

LIMBS.

At first, a feeling of increased strength, and then of debility and weight; increased warmth and then coldness. Trembling of the hands and arms; creeping sensation (fornication) under the skin of the hands and feet; restless, uneasy feeling in the extremities; limbs numb, as if paralyzed, and again extremely sensitive to touch and motion—more sensitive to a light touch than to a firm grasp; sudden startings of the limbs, as from electrical shocks; pains in the legs, going up to the nates; indescribable aching and pains in the legs, below the knees, and in the feet; inflammation and acute pains in the toes; the flesh feels as if torn from the legs, or cut with knives; subsultus tendinum; spasmodic drawing in the muscles of the limbs and back; painful cramps in the limbs; unsteady motion of the legs—they seem uncontrolled by the will; varicose condition of the veins of the legs; scaly patches, very itchy; ulcers; bunions on the feet.

[TO BE CONTINUED.]

THE OBSTETRIC FORCEPS AND THEIR USE IN PRACTICE.

By T. G. COMSTOCK, M.D., ST. LOUIS, MO.

In the practice of obstetrics, it is not to be denied that many improvements have been made, and that within the past ten years the opinions of medical men have greatly changed as regards the use and applicability of the forceps. We can remember when the practice of obstetrics was, in some localities, almost confined to second-rate physicians, and especially to "old doctors;" it being considered the height of presumption for a "young doctor" to take charge of a midwifery case.

Now this is completely changed, and we all know that some young physicians are abundantly capable of teaching

many old, experienced doctors things in obstetrics that they never dreamed of. We have occasionally heard experienced country doctors say that "they have practiced medicine for forty years, have attended hundreds of women in confinement, and have never had occasion to use forceps."

Such statements always sound to us not unlike the experience of those physicians who have never lost a case of dysentery, diphtheria, croup, scarlet fever, or cholera, "if they were only called in time."

Our opinion of such persons is, that they have never had a large experience in the treatment of children's diseases, or else their statements are false. Every good and skillful physician in large practice must lose patients, and so every obstetrician will find cases where the forceps are necessary to save the life of the child, as well as the mother. A celebrated professor of midwifery in the St. Louis Medical College, some years ago, used to say in his lectures, "Do not carry a pair of forceps with you when you are called to a midwifery case, for fear that when you come into the lying-in room they might accidentally drop out of your pocket and fall into the vagina." We have, thank heaven, passed by this era, when any obstetrician will be censured for carrying his forceps with him. The professor of obstetrics in the Jefferson Medical College of Philadelphia, says:

* "I have said to my class that: 'I deny the right of any man to attend a case of labor unless he carries his forceps with him; and I consider that teaching to be erroneous which says, "go without your forceps, but *send for them* when you see the probable necessity for their use.'" Now, I appeal to the experience of obstetricians who have *sent for their forceps* under emergency:—Have they not sometimes regretted that they had them not at hand, for *instant* use, in certain of these emergencies.'"

It is the duty of the physician, when attending a case of obstetrics, to see that his patient is delivered safely. In the

* "Amer. Journal Med. Sciences," July, 1870, p. 72; Proper use of the Obstetrical Forceps, by Prof. Dr. Ellerslie Wallaeæ.

great majority of cases, as every one knows, nature is sufficient, without any extra assistance of the accoucheur, and he need only interfere when nature is at fault, or there is some deviation from the normal progress of the labor.

It is absolutely necessary for the accoucheur to accurately understand the phenomena and course of a natural labor. That accidents do happen, and have happened, in labors, from the earliest history of the world, is well known, even to good biblical scholars.*

To guard against such accidents, it is the duty of the physician to be prepared for all emergencies. At the present day, a good obstetrician must needs be a good surgeon, that is, an obstetrical surgeon. He must know the anatomy of the pelvis, its straits, and its axes, the direction of the pelvic canal, the different positions of the child in their order and frequency, and by the touch be able to recognize the fontanelles, sutures, and other regions of the fetal head. If he is skilled in all these, and understands the mechanism of a natural labor, he may venture to investigate the mechanism and practical application of the forceps.

The Object of the Forceps.—When the head of the child is in the outlet, and will not pass, notwithstanding the presence of severe pains, but remains there, as it were, to tantalize the obstetrician, the thought comes into his mind to try and assist in the extraction of the child, and of course he will be disposed to apply both hands, and seize the head, and try to deliver it; but, upon the first attempt, his hands will slip off, and soon he finds they can be of no assistance. Now comes the substitute for his hands, and these are the forceps, an instrument known to Celsus and the Arabian physician, Avicenna, nearly a thousand years ago. This most important instrument seems to have been lost, or unknown to the profession, for ages, until it was re-discovered, by Dr. Chamberlain, about two hundred years ago.

The forceps are tractors applied to the head, instead of the

* By consulting Scriptural authority it will be seen that the practice of obstetrics was, in primitive days, monopolized by midwives. See Genesis, chap. 35, v. 17, and chap. 38, vv. 27-30; also, Exodus, chap. 1, vv. 15-21.

hand of the accoucheur, which latter, as we have said, is no sooner applied than it glides or slips off, and is, therefore, useless.

Forceps are of two kinds, the long, and the short. The latter are, in most cases, preferable. They are safer, more easily applied, and, withal, much easier used, especially by beginners. The long forceps of Baudelocque, and of Hodge, are excellent instruments, in experienced hands. Bedford's, Smellie's, Davis', Elliott's, Meigs', and the forceps of the writer, are all to be classed as short forceps.

Practitioners in the country are more disposed to use the perforator than the forceps; but the operation of craniotomy is by no means devoid of danger to the mother, and should never be performed unless the child is already dead, except in extreme cases, where the life of the mother can be saved in no other way. Cases are recorded,* where children have had their heads opened, and during the operation they have been expelled while yet living. An old English writer on midwifery,† instances cases of women "delivered by practitioners with the crochet of *dead children*, as they supposed, when, to their surprise and utter dismay, the miserable infants filled the accoucheur's ears with cries."

If the indications for the use of the forceps and their application are well understood, craniotomy need be resorted to but very seldom. I have, in my own practice, had occasion to use the forceps in several cases where it was with the greatest difficulty that the child was extracted, after making repeated efforts at traction for half an hour, and, in one case, it required three-quarters of an hour.

The forceps are to be considered emphatically as a tractor, but they are also compressors, as well as double levers, and before the practitioner ventures to handle this instrument he should well understand these three distinct powers, or forces, which can be developed when they are applied.

To use the forceps successfully, the obstetrician should be a

* Burns' Midwifery, 6th edition, p. 465.

† See Beatty's Contributions to Midwifery, p. 18.

man of nerve, for, of all surgical operations, this is, on some accounts, one of the most unpleasant. Let us take a case in point. A lady has suffered, for many hours, the most intense pains, and is nearly exhausted; her relatives, friends and attendants, not to speak of the neighbors or her minister, are indignant at the attending physician, because "he has not done anything to help her." They are all in despair, and the physician is wearied and worried with the case. He has left all his other patients for this one in question; at last he tells the family that instruments must be used. Now, nine times out of ten, the idea that people have about instruments is that they will destroy the child. You must at once correct this error, and tell them that "the forceps is the child's instrument," and that the mother will be at ease as soon as she is delivered, and that the child will probably be extracted alive.

Take another case. You are called up suddenly in the night. A young woman that you have always known, married only nine months, is in labor. As you come into the room, the first object which greets you is a real eclamptic spasm. You examine, and find the waters broken, the os uteri fully dilated, and the head already in the pelvic cavity. Immediately another dreadful convulsion comes on, with ster torous breathing and coma, and you find the woman has bitten her tongue nearly in two. What are the indications here for action? Speedy delivery, of course, and with the forceps. These grave symptoms have come on so suddenly that the young husband has no idea of the gravity of the case; the philanthropic ladies present will all volunteer to propose a great many cures; and possibly *Mustard*, *Camphor*, *Asafoetida*, *Valerian*, *Bromide of potash*, and even the *Hydrate of chloral* may have all been tried; but all will be confusion in the room, and the accoucheur's duty is, *speedy action*. He must resort at once to the forceps. If he follows the teachings of Dr. Ellerslie Wallace, as quoted above, or the practice of the writer, he will have his forceps at hand in his carriage, so that he can at once apply them.

In puerperal convulsions, the mortality is about 30 per cent., but the indications for treatment are the delivery of the woman

as soon as possible, and here the forceps are to be used instead of the perforator, and when the delivery is accomplished, the convulsions will generally cease; but, alas, not always; nevertheless, we have done our duty, and brought a living child into the world.

Safety of the Forceps.—In all of our experience we have seen but one instance where the forceps have done harm. This was in a primipara of over 30, where the fetus was unusually large, and the pelvis small, so that the child became impacted in the pelvic cavity; the forceps were applied, and a dead child was extracted, only with the greatest difficulty. Now, whether the impaction or the compression made by the forceps caused the child's death, is a question. Granted that it was the latter, we are certain that the child could never have been born alive, and the mother was already exhausted, and, what is more, many obstetricians would, in such a case, have resorted at once to perforation. Many times, after applying forceps, ladies have thanked us for relieving them of so much suffering, and in subsequent labors requested us to use them again.

Indications for the Use of the Forceps.

I. Insufficiency of the pains, especially in the second stage (here *Ergot* may be thought of, and, in some cases, it will be effectual), when, after many hours, say from fifteen to twenty-four, the patient seems exhausted, and the child has not advanced for six hours or more. No female ever ought to be more than twenty-four hours in strong labor after rupture of the membranes, as maternal efforts appear to be unavailing, and dangerous symptoms may arise.*

II. Intense activity of the pains; presentation fair; head in the vagina, but the latter swollen and tense, with perineum rigid.

Cazeaux, and Dr. R. Barnes say, that nine times out of ten the forceps are applied to overcome the resistance of the muscles of the perineum.

III. In mal-positions, where the forehead is at the symphysis pubis (very rare).

* "Obstetric Surgery," by Dr. Charles Clay. London, 1870.

IV. In cases of exhaustion, convulsions, dangerous haemorrhage, and rupture of the uterus, if the head is within reach, so that we can apply the forceps.

V. In breech presentations, where the head can not be readily extracted; here the forceps should be at hand, as no time is to be lost in such a case.

VI. In cases of complicated labor, such as prolapse of the funis, descent of the hand or arm with the head, and after other expedients have been tried without effect.

VII. In cases of impaction, where the longer the head remains stationary the more the soft parts of the mother are liable to swell, and become hot, dry and tender. Other indications besides the above may occur.

Contra-Indications for the Use of the Forceps.—In some cases of distortion of the pelvis; where you have a rigid os uteri; in cases of hydrocephalus; where the child is really dead, and in cases of extreme exhaustion of the mother, where death is imminent. In cases of prolapsus of the cord, as a substitute for the forceps, the treatment by position may be tried, placing the mother in the knee-elbow position, so that the cord can not gravitate downwards, then giving one drachm of *Ergot*, infused in a coffee-cup full of water, to which may be added a little cinnamon, two or three lumps of sugar, and a little more than a teaspoonful of wine. As soon as the *Ergot* begins to act upon the womb, and the foetus is more tightly compressed, the head will be forced down, and then the cord can not well prolapse any more. Dr. J. Kitchen, of Philadelphia, first recommended this practice,* and his article upon the use of "*Ergot and the Forceps*," may be read with profit.

Preliminaries Before Operating.—Empty the bladder with the catheter, if the woman can not pass her water. If the rectum is full, administer an enema of warm water.

Position of the Woman.—Upon the back, with her legs over the bed upon foot-stools, supported by two good assistants. The forceps may also be applied, with the woman lying on her left side.

* See "Phil. Jour. of Hom." Vol. I. p. 363.

Application.—Apply to the sides of the child's head; if the patient has pains, extract only when the pain is on; generally, the introduction of the blades brings on the pains, or increases them. See that the forceps lock properly, and, before extracting, reflect upon the axis of the pelvis and its direction; if the head is not completely rotated, the rotation should be assisted with the extraction; while the head is passing through the outlet raise the handles of the forceps, so that retroversion of the head may take place.

Cautions.—Avoid confusion, too great haste, or force; be cool, calm and collected; do not compress the head too much; relax your grasp at intervals, when the pains cease, so that the child's head may not be constantly compressed; *be careful of the perineum when the head is passing through the outlet*, and, if the pains are then strong, and the perineum begins to give, you must cease all efforts at extraction, and, perhaps, remove the forceps. When the head has passed, assist gently in the external rotation (in first positions the occiput is to be turned towards the left thigh of the mother, and in second positions towards the right thigh), but do not pull upon it too strongly, to extract the arms and shoulders; act deliberately, and do not be in too great haste, for the vertebrae of the neck have been dislocated; wait patiently until a pain comes on, then disengage the arms one by one, and be careful not to dislocate them; when the shoulders have passed, let the nurse apply her hands over the region of the womb, in order to encourage it to contract. Keep the hand there a few minutes after the uterus has been emptied, and you will very likely never have the misfortune to have a case of hour-glass contraction, and retention of the placenta.

We have already written a longer article than we had intended, but, while preparing the above, we have been interrupted to attend a case of protracted labor in a delicate primipara, accompanied with insufficient pains, and, after 24 hours, with exhaustion.

We applied the forceps, with perfect success, and delivered the woman of a living child weighing $12\frac{1}{2}$ lbs.

Dr. Simpson insists that the mortality to both mother and

child is increased in a direct ratio with the duration of the labor; and other authorities confirm the fact, that prolonged pressure of the child's head produces sloughing of the maternal tissues and fistulæ. Dr. Baker Brown says that, out of one hundred lesions following labor, ninety per cent. were caused by protracted labor.

Dr. Emmet's experience is to the same effect; he quotes 250 cases of fistular and other injuries, and out of these not more than three resulted from instrumental delivery. In our own experience and observation, we have seen more injuries to the mother from protracted labors than accidents resulting from the use of the forceps. We remember well when ovariotomy was condemned by high authorities, such as Scanzoni, in Wurzburg, and Braun, in Vienna, but now the operation is recognized everywhere, with a mortality of only from thirty-three to thirty-seven in a hundred.

The "*laissez faire*," or "let alone" doctrine is against the spirit of the age, especially in our country, and the rule to be inculcated in using the forceps is, *not to wait too long*. In former years, we have had occasion to regret not applying the forceps earlier in labor, but this arose from a timidity, the result of early teaching, which inculcated the doctrine never to use the forceps until the woman was nearly exhausted, and nature had quite given up. The same rule which governs a surgeon in strangulated hernia, is valid as regards the use of the obstetric forceps. In many a case of strangulated hernia, the operation has been delayed until mortification has taken place in the gut, and then it is useless. In protracted labors, mothers have died from exhaustion, and children from impaction, and other accidents, all of which might have been prevented by the timely use of the forceps.

We will close this article with an extract from Dr. Beatty:*

"With respect to the ill effects said to follow the use of the forceps I am bold to say that, although I have read and heard of such, I never witnessed any, where the instrument was used in time, or with proper discrimination and dexterity,

* Contributions to Medicine and Midwifery. Dublin, 1866.

and where the patient was not already too much exhausted; and from the success that has attended the use of the forceps in my hands, I might also assert, that no unpleasant consequences can occur, provided the proper time be selected,"

ON THE MEDICAL SELECTION OF CANDIDATES FOR LIFE INSURANCE.

BY GEO. EMMET HALL, M.D.*

When it is considered that the pecuniary engagements of life insurance companies depend almost entirely upon the event of death, it will become apparent that the selection of healthy lives as a basis upon which contracts are signed and policies issued, is a matter of the greatest significance, indeed, a primary consideration. Upon this point, an English writer remarks: "I should think the mode in which lives are selected, as it is admirably termed, that is, the care taken in accepting none but desirable lives, is an exceedingly important element; and the best calculated scale of premiums in the world would not make an institution safe that is careless in accepting all the lives that are brought to it." Dr. Price, the founder of English life insurance, early saw the necessity for the selection of lives as the only proper means of protection to companies and policy-holders, for, says he, "Those persons will be most for flying to these establishments who have feeble constitutions, or are subject to distempers which they know render their lives particularly precarious; and it is feared that no caution will be sufficient to prevent all danger from hence." The remarks of Dr. Price, though uttered many years ago, hold good to this day, and, notwithstanding the great care used by the authorities at the home office of the company, many impaired lives are insured through misrepresentation of facts by the applicant as well as by the carelessness of the company's

* Medical Examiner for the Hahnemann Life Ins. Co., Cleveland, O.

examiner and agents. These remarks are applicable to all life companies.

Dr. Farr, Registrar General of England, and a writer of some note, says: "The selection of lives is not yet fully understood, but it may be broadly stated that 27 in 1,000 men of the population of the age of 20, and under 60, are suffering from some kind of disease or other; that several of the diseases are of long duration, that others are recurrent, and that some are hereditary; that consumption, the most common fatal disease, lasts on an average two years, although it varies considerably in duration; and that cancer, another form of chronic fatal disease, is much more common in women than it is in men. On all these grounds, it is clear that selection will diminish the mortality in the first year or two, or three or four years subsequent to its exercise." And again, he remarks, "If some skill be not applied in the selection, the mortality of insured lives *will be above the average of the nation, and, the result, loss.*" Dr. Farr does not explain in what manner such a result would be brought about, but the explanation will most probably be found in the fact that the individual in sound health knows that he can readily obtain insurance elsewhere, and does not hesitate to give up his policy when pressed for money, or when, from any other cause, he desires to sever his connection with the company.

With the invalid risk, the case is the reverse; he continues with the company, and when pecuniary embarrassment prevents the payment of his premiums, his relatives or friends frequently advance the necessary funds to continue the policy in force. Under these circumstances, every company worthy the confidence of the public is solicitous of securing *only* persons in unimpaired health, and such as have a reasonable prospect of reaching to a "good old age"; and to aid in such selection, the services of the medical profession are called into requisition. This is an important trust, for upon the capacity and skill of the physician in detecting morbid conditions, if they exist, and upon his honesty and integrity in making careful and painstaking investigations, must necessarily depend the success of the company. The experience of all life com-

panies doing business in this country for any considerable period, shows that the greater proportion of the losses annually sustained by them is from death by phthisis pulmonalis. Apoplexy and diseases of the heart also form a large part of the causes of death upon which losses are paid.

The combined experience of a majority of the companies establishes the fact that the greatest number of deaths from the above mentioned diseases results in the space of from two to five years after insurance is effected; thus showing that the disease, in an incipient state, or at least a strong predisposition to the malady which eventually proved fatal, existed in the applicant at the time of the medical examination. This certainly does not reflect favorably upon some medical examiners for insurance companies, considering the rapid strides made in the science of medicine within the last decade of years, and the great opportunities offered for the study of pathology and a familiar knowledge of chest exploration. But if, on the contrary, all medical examiners are perfectly acquainted with physical diagnosis, and are fully competent to perform the services required of them, how can the fact that accepted risks, and no inconsiderable number of them either, die of inherited constitutional diseases within two years, and in some cases within a few months after the issuing of policies ? we ask, how can this be honorably and satisfactorily explained ?

The following extract, taken from a prominent insurance journal (*The Monitor*), published in New York city, is here quite applicable :

" Medical examinations are beset with two hazards. The first is the liability to dishonesty in the physicians, and the second is the liability to ignorance, or misconception. The former is the most discreditable to the morals of the race, the latter most dangerous to the companies exposed to it, as being the most serious in its character, while it is the least alarming in its appearance. Physicians are men, and are to be trusted as far as other men, and no further. They are as likely to be corrupt as other men. They are therefore as likely to be governed by interest, to yield to pressure, as likely to be controlled by favor, as are other men. Against such liabilities

the companies have no protection whatever. Let us observe the usual proceedings in such cases. In a town where there is no examiner an agent finds a risk. The application is made out, the applicant taken to the nearest physician for examination. In the most careful companies the certificate of this examiner must be accompanied by references to parties who will vouch for his professional skill and ability. Now, who vouches for his integrity, who gives assurance that he is above deceit and above favoritism, a keen and impartial observer, and *willing* as well as able to be the eye and ears, and hands of the company in every case coming under his observation? No one. Into such hands go the interests of the company. Upon the *No* and *Yes* of such authority are based contracts irrevocably involving millions on millions of dollars. Is this safe? Is it felt to be safe by the companies themselves? Let us see. In every company, about 10 per cent. of all applications completed, approved by the examiners, and forwarded to the home office, are rejected. Look over the files of any company in the city, and you will find that every one of those rejected risks carries the direct and positive certificate of the physician examining, that it is a *sound life*, the insurance of which he directly recommends. He is on the spot, the applicant has been under his personal examination, he pronounces the result of that examination satisfactory, and yet his decision is reversed and the application rejected. The examiner does not know the company, probably he does know the applicant or his friends. He resides near the latter, and rejection may make enemies whose hostility will do him the greatest injury. Approval will bring no such results. In some cases an actual charity will seem to follow to otherwise helpless prospective widowhood or orphanage, under his own eye and among his own acquaintances and neighbors." The remarks just quoted do not convey an exaggerated idea, but give simply the facts as they exist upon the records of every company. The consideration of this subject is of vital importance to all life offices, and should at least command the attention of every medical man, whether an examiner or not. There are very many honorable and thoroughly competent and reliable medi-

cal gentlemen, acting in the capacity of examiners, attached to the various companies represented in every section of this country, to whom the present standing and sound condition of these companies is mainly due, on account of the scrupulous care with which they have made their examinations, giving their respective companies, and not the agents, the benefit of any doubt that existed in the case of any applicant for insurance coming before them; and, of course, the remarks above quoted, and the general aim of this article, does not apply to them, but are designed for the benefit of the careless, reckless, and incompetent examiners who make superficial, hasty, and unreliable examinations to the cost of the company in frequently occurring losses.

The responsibility of local medical examiners cannot, in extenuation, be shifted upon the general office of the company, for risks are never accepted by the company unless fully indorsed and recommended by the medical man who made the personal examination of the applicant for insurance; neither can the blame be attached to the local agent or agents who brought the applicant before the medical examiner; companies do not employ agents to pass upon risks. Their office is to solicit parties to insure, and it is the business of the examiner to investigate with extreme care every case presented. He should act fearlessly, regardless of the feelings and wishes of the agent when they conflict with the interests of the company. The examiner is paid by the company for his *candid opinion*, based upon the knowledge of any given case, afforded him by a careful, painstaking and thorough examination. Upon this mainly must the company rely in accepting risks, if it accepts them at all.

Among other reasons, which we have not space here to mention, risks that are rejected are usually declined, because the applicant fails to come up to the requisite physical standard, or does not approximate closely enough to it, to render him — according to the experience of all companies — a safe risk. Or hereditary disease of a fatal character in his family record, some members of his family having died of the malady, may be, and frequently is, the cause. Occupation

alone is sometimes a cause of declining, and not infrequently intemperance. The examiner should carefully consider the family record, noting if deaths of parents or others from diseases of an hereditary character have occurred. Regarding the applicant, he is expected to detect disease if it actually exists, or if there be any tendency or predisposition to any disease, which may in the future make the risk a hazardous one. For not only must the examiner be able to testify to a sound and healthy condition of the candidate for insurance at the time of the examination, but he should also be fully satisfied that the applicant stands a fair chance of reaching the age necessary to make the company secure. In other words, will he, in the opinion of the examiner, attain his expectancy, or the years set opposite his age as given in the annexed table of

EXPECTATION OF LIFE.

The following is according to the Carlisle Tables of Mortality:

Age.	Expect. in years and 100ths.	Age.	Expect. in years and 100ths.	Age.	Expect. in years and 100ths.
14	45.75	43	25.71	72	8.16
15	45.00	44	25.09	73	7.72
16	44.27	45	24.46	74	7.33
17	43.57	46	23.82	75	7.01
18	42.87	47	23.17	76	6.69
19	42.17	48	22.51	77	6.40
20	41.46	49	21.81	78	6.12
21	40.75	50	21.11	79	5.80
22	40.04	51	20.39	80	5.51
23	39.31	52	19.68	81	5.21
24	38.59	53	18.97	82	4.93
25	37.86	54	18.28	83	4.65
26	37.14	55	17.58	84	4.39
27	36.41	56	16.89	85	4.12
28	35.69	57	16.21	86	3.90
29	35.00	58	15.55	87	3.71
30	34.34	59	14.92	88	3.50
31	33.68	60	14.34	89	3.47
32	33.03	61	13.82	90	3.28
33	32.36	62	13.31	91	3.26
34	31.68	63	12.81	92	3.37
35	31.00	64	12.30	93	3.48
36	30.32	65	11.79	94	3.53
37	29.64	66	11.27	95	3.52
38	28.96	67	10.75	96	3.46
39	28.28	68	10.23	97	3.28
40	27.61	69	9.70	98	3.07
41	26.97	70	9.18	99	2.77
42	26.34	71	8.65	100	2.28

Certainly it is not expected that any examiner can assert positively that an applicant will reach his expectancy, for, of course, that would be impossible; but, what companies require is, that there shall be, in the candid opinion of the examining physician, a fair reason to infer that the applicant will attain the allotted age. "The scheme of life insurance is supported solely on the hypothesis, that the contributions of the members, taken year by year, and invested in some fund which will produce an interest thereon, will be sufficient of themselves to pay the representatives of each member, when he dies, the sum assured under his policy." The truth of this hypothesis evidently depends on several considerations, the most important of which are as follows:

- 1st. That the probable average duration of life shall have been correctly estimated by the company, more especially that it shall not have been overrated.
- 2d. That the full rate of interest assumed by the company, in its calculations, shall be actually realized on all its funds.
- 3d. That a surplus shall be annually created at least sufficient to discharge all the expenses of management.
- 4th. That an equal, or nearly equal, degree of risk shall be distributed over all the lives; and,
- 5th. That the funds of the institution shall be invested in such securities as will not fail to reproduce them undiminished in value when required for the necessities of the company.

Dr. Southwood Smith, who is an acknowledged authority, says, "Mortality is subject to a law, the operation of which is as regular as that of gravitation." And Mr. Charles Babbage, so well known to the scientific world, in a work having particular reference to the subject of Life Insurance, remarks, "Nothing is more proverbially *uncertain* than the duration of human life, when the maxim is applied to an individual; but there are few things less subject to fluctuation than the average duration of life in a multitude of individuals." Again, "Take 5,000 persons, *in the prime of life*, and note their deaths. They will be found to occur in something like the following proportions: in the first ten years, 600; in the second ten, 750; in the next, 850, and so on progressively

increasing at each period, until the whole have passed away."

Among assured lives a certain per centage of mortality is yearly expected, increasing from year to year. Out of every thousand lives insured less die the first year than the second, and less the second than the third year, and so on until the thousand have all died. Companies expect this, and are prepared to meet promptly all losses thus occurring. But when the annual mortality exceeds the average rate, and in consequence companies are compelled to pay an excessive number of death claims through the carelessness of examiners or misrepresentations of agents and applicants, the extra amount over and above that calculated upon must be met out of the surplus fund, which is annually divided up among the policy holders.

And from this it will be observed that the carelessness resulting to the company, in a larger proportion of losses, is visited upon the entire number of policy holders, by way of diminished dividends.

It is desirable that a correct idea of the importance of "selection" be impressed upon the examiner as well as the solicitor for insurance, for this would tend to prevent a collision with the "Home Office" of companies. Such occurrences are quite frequent with all well managed life institutions, arising, not from any disregard to the extension of business, but simply from a knowledge that unless the lives proposed be at least up to the standard of the mortality table adopted, the acceptance would lead to the annihilation of all profits, if not ultimately of the company itself.

A contributor to the Philadelphia *Underwriter* publishes an article, from which is extracted the following: "It has frequently occurred to the writer that a great benefit would be conferred on insurance interests if, at stated periods, some of our leading companies would publish a classified mortality record, showing their experiences within a given period, say five or ten years, and the various causes to which the deaths occurring within such period were attributable."

In the United States, as yet, nothing of the kind has been

published, although the experience of some companies extends back many years. In Scotland, however, Dr. Christisson, medical director of the Standard Life of Edinburg, published some years since a tabular statement exhibiting the mortality experience of that institution for the space of ten years. The total number of deaths enumerated were 1,459, of this number 41 died of "old age." The balance are classified as follows:

CHARACTER OF DISEASE.	No. of Deaths.	Percentage of Mortality.
Zymotic diseases, viz: Fever, cholera, diphtheria, eruptive fevers, etc.....	113	7.81
Diseases of nervous system, viz: Apoplexy, palsy, insanity, epilepsy, etc.....	291	20.
Diseases of respiratory organs, excluding consumption.....	178	12.20
Diseases of the circulation.....	186	12.74
Diseases of digestive organs.....	207	14.12
Urinary diseases.....	66	
Diseases of depraved constitutions.....	243	16.68
Consumption.....	175	12.

Syphilitic diseases and those of a malignant type are most probably the ones designated under the head of "Diseases of Depraved Constitutions." However, this is too indefinite to possess much if any value for insurance purposes.

The Standard Insurance Company is represented in many parts of the world, and it is but fair to infer that its assured lives are exposed to vicissitudes of climate equal at least to that experienced by the assured of any company in this country. Entertaining this view, the experience of the Standard will prove of interest.

SYMPTOMATOLOGY OF SOLANUM NIGRUM, WITH CLINICAL OBSERVATIONS, ETC.

By E. M. HALE, M.D.*

This plant, known under the common names of black night-shade, garden night-shade, was well known to the ancient physicians, but has not of late been much used.

It was mentioned by Hahnemann (†) in one of his contributions to Hufeland's *Journal*, and also in the introduction to the *Organon*. It was afterwards proved by Dr. Lembke of Germany, and Dr. Bute of this country.

The clinical experience with *Solanum nigrum* has been limited to some results reported by Gross and Ruckert in an epidemic of typhoid, which was called "raphania," a fever of low type with delirium and spasmodic manifestations. In America it has been used but seldom; but it deserves more attention than has been hitherto given it, for it is a near analogue of Belladonna and its congeners.

A study of its symptoms, obtained from reliable sources, cannot fail to convince the physician that it will prove a potent remedy in some groups of symptoms not found under any other medicine.

The most valuable proving of the *Solanum nigrum* aside from that of Lembke, was made by Dr. J. M. Cunningham, when a student in attendance on Hahnemann Medical College of Chicago, in the winter of 1869.

I am indebted to Dr. C. Hering and Dr. Knerr, of Philadelphia, for the symptoms of Lembke's proving, which has not hitherto been translated.

Botanical Description.—The stem is low and much branched, spreading, angular, and rough on the edges. The leaves are ovate, toothed and waved, almost always perforated,

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(†) *Lesser writings*, p. 272.

and their margins gnawed by an insect. The *flowers* are white and small, with yellow anthers (resembling the tomato blossom) in lateral umbels, drooping, five parted, on bractless pedicels; *berries* black, globose, sweetish.

The flowers begin to appear in June, and in October the ripe berries, green berries, and flowers, all appear on the same plant. The whole plant has a heavy, narcotic odor. It is found growing in waste places, near old buildings, fences, and gardens. It is not indigenous, but is found in all countries.

Pharmaceutical Observations. The berries and leaves, are the only preparations of the plant which have been used in medicine. The stalk, root, and seeds, doubtless contain its active principles. Jahr and Gruner recommend the "ripe berries." The British Pharmacopoeia the "fresh herb."

I find on consulting various authorities that the berries and leaves have both been used with nearly uniform results. I would advise therefore that the tincture be made from equal parts by weight of the leaves and berries, gathered when *ripe*. The green or unripe leaves and berries are probably inert or deficient in active properties.

Officinal Preparations.—(1) The tincture and dilutions. (2) Tincture-triturations.

[The mother tincture should be made with the purest and strongest alcohol, by maceration for seven days, and filtering. The bottles should be kept in a cool place, and from the light.]

SYMPTOMATOLOGY.

[*Symbols*: A symptom in *italics* indicates that it is a characteristic symptom. A period (.) before a symptom indicates it to be only pathogenetic. A zero (o) indicates a curative symptom. A star (*) that it is both curative and pathogenetic. The letter (v) shows the symptom to have been once or several times verified.]

SENSORIUM.

- . Vertigo, with headache, nausea, colic and tenesmus.
- . Moaning, as in hydrocephalus.
- . Fulness in the head, with vertigo.
- . Vertigo on rising or moving about, with dimness of sight.

- . Vertigo after going to bed, with sensation as of bed turning in circle (vv).
- . Vertigo on stooping, as if everything was moving round in a circle. (Bell., Con., Bry.)

MENTAL SPHERE.

- . Confused and anxious expression of countenance.
- . Complete cessation of the mental faculties.
- . Drowsy all day, with indisposition to study.
- o Rage.
- o Imbecility.
- . Delirious raving (Hahnemann).
- o Sadness and anguish.
- o Absence of mind.
- o Restlessness, inducing one to roam without any sense and without object.

HEAD.

- . Horrible headache.
- . Headache, with red, bloated face. (Bell., Stram., Glon.)
- . *Severe pain in the supra-orbital region in the morning on waking, aggravated by slightest motion.* (Bry.)
- . Severe pain over the eyes, worse on motion or stooping. (Bell. Bry.)
- . A misstep sends violent pains through the temples.
- . Sensation in the forehead as if it had been bruised (*after the headache*).
- . Sensation on the forehead as if from a blow.
- . Severe pain through the temples, as if the head would split.
- . Severe headache, aggravated by light and stooping. (Bell.)
- . On moving the head, the brain feels as if moving about. Pain in small circumscribed spot on top of head. (Glon., Bell.)
- . Headache, with throbbing of carotid arteries and swimming sensation in the brain.
- . Sensation of heat in the head.
- . Feeling of lightness in the head. (Gels.)

- . Sharp gnawing pain in the right temple, causing him to grasp his head and shut his eyes.
- . Stitches in the temple, then in the ear.
- . Headache, with throbbing of the temporal and carotid arteries, increased heat and redness of the face. Face looks as though he had been intoxicated. (Agar., Opium, Bell.)
- . Violent throbbing pain in the left temple, aggravated by the least misstep or on stooping.
- . Violent throbbing pain in the fore part of the head.
- . On the least motion, after sitting quietly, feeling as if the brain would burst from the forehead.
- . Scalp feels sore on moving the hand through the hair.
- o Very severe headache, of years' duration.
- . Pressure in the centre of the forehead.
- . Pressing pains in the forehead.
- . Tensive drawing pain in the region of the temples.
- . Dullness and heaviness of the head.
- . Forehead heavy, pressure in the forehead, and dullness; gait staggering, heavy and uncertain, the head feels so heavy (after $\frac{1}{2}$ hour).
- . Pressure in vertex and forehead; dullness; when walking body inclined to *left side*.
- . Head feels as if *expanded*, heavy and hot.
- . Pressure through the temples, drawing towards the forehead through the depths of the brain (several times).
- . Pressing, aching pain in the depression behind the right ear.

Observations. The cerebral symptoms of *Solanum* much resemble *Belladonna*. It seems homœopathic to cerebral congestion, and ought to form a rival of *Belladonna* in the treatment of the head-diseases of children, as acute hydrocephalus, meningitis, irritation of the brain from teething, suppressed diarrhoea, etc.

Nose.

- . Discharge during the day of thin watery fluid, with much sneezing.
- . Copious watery discharge from the right nostril, with obstruction of the left.

FACE.

- . Red, bloated face. (Bell., Bry., Stram.)
- . Feverish flashes across the face.
- . Shooting pains from the lower jaw up into the left ear, coming suddenly and going as suddenly.
- * *Erysipelas of the face.* (Hahnemann.)
- . Face hot, with heat in the hands and along the back.

EYES.

- . Staring, horrid and glistening eyes. (Aeth., Bry., Bell., Stram.)
- . Extreme dilatation of both pupils (vv). (Bell., Stram., Hyos.)
- . Alternate contraction and dilatation of pupils (v).
- . Mistiness before the eyes. (Bell.)
- . *Pain over left eye*, with pain in the bowels.
- . Dimness of sight, with vertigo (vv). (Bell., Acon.)
- . Shooting pains over the right eye. (Bell.)
- . Sparks before the eyes, with nausea.
- . Pain in inner canthus of the left eye.
- . Severe pain over the eyes, almost unbearable when looking at a bright object (v). (Bell., Sep., Croc.)
- . Eyes very sensitive to the light.
- . Eyes feel dull and heavy. (Gels.)
- . Burning in the eyes and nose and redness of the eyes.
- . Sensation as of sand in the eyes.
- . Everything becomes darker. (Lembke.)
- . Pupils much dilated (after 1 hour). (Ib.)
- . Biting sensation in the edges of the eyelids.
- . Stinging in the inner angle of the right eye (1 hour).
- . Pupils very much contracted, many black spots and stripes floating before the eyes—alternately very wide pupils, which finally remain dilated (v).
- . Eyes very sensitive while reading (all day).
- . Black spots and a net-work (gauze?) before the eyes.
- . The amaurotic symptoms, attended by dullness and heaviness of the head.

- . Ordinary light seems too bright.
- . Pressure above and in the depths of the eyes, especially when looking at an object by daylight.
- . Things at a distance look blurred, *with* pressure in the forehead.
- . Pupils more contracted than usual; everything appears too bright.
- . Photophobia, with pressure above and in the eyeballs.
- . *Contracted* pupils, with dull head and weakness in the thighs.
- . When reading, black spots and stripes before the eyes.
- . After $\frac{1}{2}$ hour the pupils much dilated, the inner rim of the iris appears light yellow, as if illuminated; *light* spots and black net-work float before the eyes; sometimes a fog before the eyes.
- . Black rings before the eyes, with dilated pupils.
- . Pupils sometimes very small, and again very large (vv).
- . *Flickering* before the eyes. (L. Dev.)
- . *Muscae volitantes.* (lb.)
- . Great weakness of sight, aggravated by bright sunlight.

(Ib.)

- . Watery eyes (v). (Ib.)
- . Fulness and tension in the eyes. (Ib.)
- . Redness of the eyes. (Ib.)
- . Burning sensation in eyelids. (Ib.)
- o Erethic amaurosis. (Ib.)

Remarks. The eye symptoms are notable and important. Its action on the *pupil* is peculiar. The rule seems to be *dilatation*, but contraction sometimes occurs, and an *alternate* contraction and dilation is frequent.

With the *dilated* pupil occurs the majority of the amaurotic symptoms, dimness of sight, black spots, etc., while, with the *contracted* pupil we find photophobia, and light spots. The appearances before the eyes are variable. There are spots, dark and light, a foggy appearance, net-work, gauze, black rings, stripes and sparks.

Accompanying the above abnormal symptoms of the sight,

there is usually dullness and heaviness of the whole head, or of the portion over the eyes.

This remedy ought to rival *Belladonna* in the treatment of internal diseases of the eyes. The homœopathic oculist will find the study of *Solanum* suggestive and entertaining.

EARS.

- . Stitches in the ear.
- . Buzzing before the ears. (L. Dev.)
- . Every sound he hears seems as if coming from a great distance. (Lbke.)

THROAT.

- . Left tonsil feels swollen, with soreness on swallowing.
- . Stitches in right side of throat.
- . Sensation as of a splinter in the right tonsil.
- . Raw sensation in the throat, painful on swallowing.
- . Dryness of the throat.
- . Stitches from the fauces to the internal right ear. (Lbke.)

MOUTH AND TEETH.

- . Insipid taste in the mouth.
- . Mouth very dry (v).
- . Lips dry and blistered.
- . Tongue sore as if burned.
- . The whole buccal cavity very dry. (Lbke.)
- . Dryness of back part of tongue and roof of mouth. (Ib)
- . Constant *stinging* in the fauces when swallowing.

PHARYNX AND OESOPHAGUS.

- . Burning in oesophagus, arising from stomach.
- . Cramp-like sensation in the oesophagus. (Lbke.)

GASTRIC SYMPTOMS.

- . Loathing, vomiting of ingesta.
- . Copious vomiting of a greenish colored matter, with thirst, dilated pupils, stertorous respiration, convulsions and tetanic stiffness of the limbs.

- . Frequent vomiting, first of mucus, afterwards of a bluish or gray blackish fluid.
- . Empty eructations, with burning in the stomach.
- . Violent heart-burn after eating, for an hour.
- . Heart-burn after going to bed.
- . Nausea, with sparks before the eyes.

STOMACH.

- . Severe burning in the stomach, with vomiting.
- . Sharp cutting pains in and across the stomach; better on pressure or on bending over.
 - . *Burning pain in stomach* (vv), with yellow, watery diarrhoea.
 - . Severe pain in the region of the stomach extending to the region of the heart and left shoulder.
 - . Severe cramps in the pit of the stomach; worse on walking; relieved by eating. (*Arnica, Lach.*)
 - . Pains in the region of the stomach, with madness, delirium, etc.; convulsions of the limbs. (*Hahnemann.*)
 - . Great pressure in the stomach by spells. (*Lbke.*)
 - . Continued pain in the scrofuliculus. (*Bute.*)

ABDOMEN.

- . Sharp pain in the intestines as if cut with knives; relieved by eating.
 - . Violent cutting in the umbilical region. (*Lbke.*)
 - o Inflammation of the stomach and bowels.

STOOL.

- . Diarrhoea next day after the dose.
- . Tenesmus.
- . Stools loose; semi-solid.
- . Loose evacuations of a yellow color, somewhat watery, followed by burning pain in the stomach, and nausea.
- . Constipation, dry, hard stools, small in quantity (secondary).
 - . Frequent ineffectual urging to stool, at last nothing but wind passes. (*Bute.*)

URINARY ORGANS.

- . It has great diuretic power (secondary action. Hahnemann).
- . The quantity of urine increased.
- . Sudden urging to urinate every ten minutes. (Bute.)
- o Dropsy from suppression of intermittent fever. (Ruckert.)
- o Ardor urinæ.
- o Dropsy, with previous obstruction of absorbent system. (Hahnemann.)

RESPIRATORY ORGANS.

- . Difficulty of breathing.
- . Tickling sensation in the throat, causing him to cough frequently.
- . Yellow, thick expectoration. (Bute.)
- . Beating pain in left chest, in which there is a sore pain when touched. (Ib.)
- . Pressure on the sternum, and 10th vertebra. (Lbke.)
- . Constriction of the chest. (L. Dev.)
- . Anxious feeling in the region of the heart. (L. Dev.)

BACK AND EXTREMITIES.

- . Dull, heavy pain in right arm, extending to fingers.
- . Pain in right knee, extending upwards towards the hip.
- . Lancinating pain, extending down the left arm.
- . Bruised feeling in the back and limbs; the neck feels stiff and sore, as if it had been bruised (vv).
- . Wandering pain, first in the shoulder, then down the arm, then in the lower extremities.
- . Cutting pain in the left side.
- . Legs feel sore, as if bruised from walking.
- . Stiffness of the limbs.
- . Extraordinary convulsions of the limbs. (Hahnemann.)
- . Great weakness in both knees, which scarcely allows walking. (Bute.)
- . Tearing on dorsum of left foot, with creeping sensation in left calf. (Lbke.)
- . Pain in left shoulder and right wrist joint. (Ib.)

- . Arms heavy, as if beaten, especially the right. (Tb.)
- . Heat in the hands, face and back. (Ib.)
- . Legs feel as if beaten, especially the left. (Ib.)
- . Crampy compression in left calf. (Ib.)
- . Painful drawing in arms and feet. (L. Dev.)
- . Painful and itching sensation in the ulcers of the feet. (L. Dev.)

FEVER.

- . Dry, burning heat, with small frequent pulse.
- . Heat in the face, hands, and down the back.
- . Hot skin, covered with sweat. (Bell., Bry.)
- . Frequent sweats over the whole body.
- . Excessive thirst, with symptom No. —.
- . Slightly feverish flashes of heat in the face.
- . High fever on going to bed, lasting half an hour, followed by very profuse perspiration, lasting short time.
- . Great thirst, causing him to drink often and in large quantities, with feverish heat and redness of the face.
- . High fever, with great pain in back of neck, shoulders and lower extremities. (Bell., Rhus. rad.)
- . Flashes of heat running up and down the back.
- . Fever all the afternoon, with violent beating of the carotid arteries; headache; pulse 95. (Bell., Gels.)

CIRCULATORY SYSTEM.

- . Small frequent pulse.
- . Quick, irregular pulse.
- . Pulse 90 to 95.
- . Circulation generally excited, with violent throbbing in the head.
- . Pulse full and irregular.
- . *Pulse small and slow.* (Lbke.)
- . Anxious feeling in region of the heart. (Ib.)
- . Increased distension and prominence of the varicose veins.
- . Pulse small, slow and soft.

SKIN.

- . Copious perspiration.
- . Red, scarlet-like spots on the skin, of irregular form, nearly over the whole skin.
- . Great sensitiveness of the cutaneous surface.
- . Spasms, excited by touching the skin.
- . Eruption of small, red pimples on the forehead, sore to the touch and very hard.
- . A few small pimples on the back of the hand, itching violently.

Observations. Ought to form a good remedy in some cases of scarlatina, measles, urticaria, with cerebral symptoms.

- . Pustular eruptions.
 - . Desquamation of the skin.
 - . Ulcers and sphacelus.
 - o Foul and painful chronic ulcers. (Eberle.*)
 - o Scorbutic eruptions and ulcers of a cancerous nature.
- (Ib.)
- o Syphilitic eruptions, with nocturnal pains. (Ib.)
 - o Obstinate herptic eruptions. (Ib.)
 - o Erysipelas.

SLEEP.

- . Deep sleep.
 - . Coma, alternating with convulsions and moaning. (Aur.)
 - . Sleep disturbed by dreams of falling from a great height.
- (Dig., Sulph., Zinc., Sep., Merc.)
- . Dreams of snakes. (Kali., Merc., Alum., Bov., Grat.)
 - . Frequent awakening in fright.
 - . In the morning, on awakening, feels as if he had lost several nights' sleep.
 - o Night-terrors in children.
 - . Deep apoplectic stupor.
 - . Coma and torpor, attended with fever.
 - . Lassitude of the whole body, *without* inclination to sleep.
- (L. Dev.)
- . Sleepiness. (Ib.)

*Eberle used for the cure of these conditions—doses of two grains of dried leaves, night and morning.

SPASMODIC SYMPTOMS.

. Convulsions and spasms ; they stretch their hands during the spasms as if they would grasp something ; after this the hands are carried to the mouth, and the boys, of two or three years, chew and swallow.

- . Tetanic rigidity of the whole body ; trismus.
 - . Great restlessness ; violent convulsive restlessness.
 - . Tremor.
 - . Trismus.
 - . Violent subsultus tendinum.
 - o Raphania, characterized by painful creeping in the limbs, with distortion of the hands, convulsions, tonic spasms, occasional attacks of tetanus, epilepsy, imbecility, rage. (Gross.)
 - . Convulsions with moaning and coma.
 - o Tingling in the extremities.
 - o Convulsions.
 - o Contraction of the flexor tendons, as though one would hop about.
 - o Spasmodic contortion of the extremities.
 - o Tonic spasms.
 - o Epileptic attacks.
 - o Rage.
 - o Imbecility.
 - o Ritus sardonicus.
 - o Contraction of the hands.
 - o Drawing in the fingers.
 - o Cramps in the calves.
 - o Inversion of the feet.
- (These symptoms are reported by Possart, as having occurred in cases of ergot poisoning, and as cured by *Solanum*.)

GENERALITIES.

- . Violent pain in every muscle and joint of the body on waking in the morning.
- . Severe pains apparently in the muscles of the neck and between the shoulders (vv).
- . Shooting pain in left arm and wrist.
- . General muscular soreness.

- . Whole surface of body tender to the touch (vv).
 - . General torpor of the whole system.
 - . General inflammatory swelling. (Hahnemann).
 - . External swellings, (from external applications) (Ib.)
 - . Heat diffused in a few hours over the whole body, a plentiful sweat succeeding this heat, and a purging next day, (from 3 grains of the leaves).
 - . If a sweat does not follow the heat, profuse urination occurs, followed by purging.
 - . *Tremors* with general debility.
 - . Complete insensibility with relaxed muscles, flushed face and full irregular pulse.
 - . General violent convulsive restlessness.
 - . Great sensitiveness to cold air.
 - . Increased distension and prominence of the varicose veins.
 - o Pains in various parts of the body.
-

WHAT IS PUERPERAL FEVER?*

TRANSLATED BY S. LILIENTHAL, M.D.

GENTLEMEN: In the short space from the 9th of January to the 20th, seven out of eleven women who were confined during that time, took severely sick and six of them died, and we have just made two post mortem examinations, showing the same state as in former ones — parametritis phlegmonosa, with slight endometritis, peritonitis and pleuritis, although in a more advanced stage, on account of the longer duration of the disease, than in those who quickly succumbed. The epidemic has its foundation in the Lying-in Asylum, for, since we changed the wards and transferred our obstetrical cases to the gynaecological division, health has been reestablished. What is the cause of this epidemic, so intensely and suddenly

* Two lectures by Prof. OTTO SPIEGELBERG of Breslau, Prussia. Lecture first.

appearing in our asylum, which has enjoyed for years, an entire immunity from such diseases, and disappearing again with the same suddenness? Who is the carrier? whence did it come, and why did it vanish so quickly? Is it a miasma? Impossible, for this shows itself in a different manner. Allow me to say, that the carriers were our assistants; the cause, a woman, accidentally sick during her confinement.

Let us see. We lost six women in confinement in this short time, and at the same time we had at the clinic a kyphoscoliotic person, with a narrow pelvis; sick with pelvi-peritonitis, after a natural labor, and suffering also from phlegmone and formation of abscesses on the thigh, caused by a decubitus on the sacrum. The assistant physician as well as the midwife were greatly occupied with this clumsy person; the former opened the largest abscess on the 13th, and attended to it daily, and both attended at the same time also all the cases of labor; the women quickly took sick soon after accouchement, a diphtheritic coating showed itself on the eroded places of the vulva, and parametritis and peritonitis were soon fully developed. I have not the least doubt that our assistants infected the lying-in women, and that all the peculiarities of the epidemic find thus their best explanation; for, as soon as the scoliotic person was transferred to the surgical ward, and our infected lying-in women were perfectly isolated, the epidemic ceased.

What then is puerperal fever? Opinions differ, but the doctrine of the infectious character of puerperal fever remains victorious, as also the theory which ascribes the whole process to the lesions of the genital organs, and attributes a secondary character to the general symptoms. Others, on the contrary, teach, even at this day, that the general manifestations are the primary symptoms, lay all the stress on the alterations in the vascular and nervous functions, and consider the local symptoms secondary, in which the genital apparatus may not take any part at all. The doctrine of the infectious character of the disease traces all the general symptoms to an infection of the puerperal wound, or to self-infection of the body from its own wounded state. The believers in the specific doctrine

accept a primary alteration of the blood, which produces, secondarily, these local changes ; yea, it may kill by its effect on the nervous centres, without showing any local actions.

But, clinical as well as anatomical experience teaches that the localizations of this pretended blood-alteration may be very different, and that they possess nothing specific. Virchow, Buhl and others have shown that no morbid state is observed, which is not also found in the non-puerperal state, and the reasons given for primary poisoning of the blood do not stand the test. They support their theory (1) by the apparent appearance of the fever before any local disease shows itself. I have never observed this, and can only explain such an affirmation as the result of careless or defective local examination ; (2) that in fatal cases no localizations are found whereby to explain the fatal result. But the same remark applies also here, and errors arise by considering the interior of the uterus as the sole morbid focus, and by neglecting the important affections of the vulva and vagina, and the still more important ones of the pelvic connecting tissues ; (3) the specificists aver that the disease is always epidemic, distributed sometimes over large districts outside of lying-in asylums. We deny, in toto, such a genus *epidemicus*, and consider the infection fixed on certain persons and utensilia.

The merit of having defended the theory of infection belongs first to the English physicians ; among the Germans especially to Semmelweiss, Hirsch, Veit and Winkel ; but I go one step further and declare that **PUERPERAL FEVERS ARE TRAUMATIC DISEASES, PYÆMIA AND SEPTICÆMIA**, and that everything applicable to traumatic cases applies also to the puerperal state, an analogy which Simpson has already mentioned in his obstetric contributions.

Let us comprise the genuine puerperal diseases in the following scheme :

- (1). Inflammations of the mucous membrane of the genital tract.
- (2). Inflammations of the parenchyma, serosa and subserosa of the uterus, its annexa and connecting tissue.. Both may set in in two forms, of which one develops itself more frequently

than the other, as simple exudative (traumatic); or as ulcerative and phlegmonous (endometritis and endocolpitis diphtheritica, metritis and parametritis phlegmonosa, with lymphangitis and phlebitis.)

(3). General traumatic peritonitis.

(4). Putrid resorption (septicæmia).

The inflammation of the mucous membrane, as well as the circumscribed inflammations on the external surface and in the neighborhood of the uterus, are well known. Both forms may take on a malignant course, or possess it *ab initio*; it may come to ulceration and to detrition of the mucous membrane, and hence originate phlegmonous (puriform) inflammation of the uterine substance and of the connecting tissue surrounding the uterus; although the latter may also develop itself without those processes on the mucous membrane. These diffuse phlegmonous processes, lead mostly to pyæmia (septicæmia of Huter and Winkel, ichorhæmia of Virchow), and to peritonitis, especially to the so-called lymphatic form (Buhl.) I call this general state of disease *pyæmia*, and not septicæmia, because the formation of septic, putrid matter in the parenchyma of the uterus, and in the pelvic cellular tissue, which are not accessible to air, does not appear to me proven, and because, it seems to me, that we have in the lymphangitis accompanying the phlegmone, in the exudations on the serous membranes, and in the endocarditis, which is sometimes present, a progressive wandering of pus-cells through the lymph tracts, and a secondary emigration of them to other organs. *Septicæmia* I call, with Waldeyer, the resorption of genuine putrid substances; as it is found in diphtheritic inflammation of the genital mucous membrane, accessible to the air, in retained coagula and oval remnants, where resorption takes place through the lymphatics or through the blood vessels. We know that veins, in contact with putrid matter or passing through puriform foci, easily take on thromboses and inflammation, which is especially the case with the uterine and pelvic veins, so easily disposed to thromboses; and we see thus the ulcerative and phlegmonous process lead to phlebothromboses, phlebitis, and embolic pyæmia. The metrolymphangitis

with peritonitis, the metrophlebitis uterina and parauterina are only sequels of the ulcerative and phlegmonous inflammations.

I consider the *traumatic diffuse peritonitis* as a special form, in contradistinction to the pyæmic, because it appears isolated, although rarely. Here we have chiefly to consider the trauma, consisting in rents, contusions of uterus, in effusion of pus from the Fallopian tubes or from other foci, or in accidental lesions.

Going into the particulars, we divide our schema thus:

(1). Inflammation of the genital mucous membrane—*endocolpitis* and *endometritis*.

(a). Superficial.

(b). Ulcerative (diphtheritic.)

(2). Inflammation of the serosa of the uterus and its annexa—*pelviperitonitis*—and *peritonitis diffusa traumatica*.

(3). Inflammation of the uterine parenchyma, the subserosa, and the pelvic cellular tissue—*metritis* and *parametritis*.

(a). Exudative, circumscribed.

(b). Phlegmonous, diffuse—with *lymphangitis* and *pyæmia*—*peritonitis lymphatica*.

(4). Phlebothrombosis and *phlebitis uterina* and *parauterina*—embolic *pyæmia* (to which we may add the primary thromboses of the crural veins).

(5). Pure *septicaemia*—putrid resorption.

The picture of *endocolpitis* and of the so-called *puerperal ulcers* is well known. We find swelling of the labia, a whitish grey coating on the place where the vulva was compressed; or real superficial ulceration; thin puriform not particularly foul smelling discharge; burning and pain during micturition and during stool; in the beginning a slight chill, moderately high fever. Within eight days the ulcers become cleaner, the vulva loses its swelling, the discharge thickens and becomes scanty. *Endometritis* is usually connected with this affection. In the simple, so-called *cutarrhal* form it makes itself known by painful afterpains; a certain laxity and delaying involution of the uterus, which is moderately sensitive to pressure and contracts easily. The lochia are sometimes for a few

days interrupted, in other cases not; increased formation of cells on the uterine mucous membrane takes place, and through the more copious exudation the lochial flow is increased, thin, and frequently mixed with blood. Vesical catarrh is frequently present, more frequently catarrh of the colon, so that the abdomen shows a good deal of meteorismus, which is never the case without such abdominal affection. The fever is remittent and does not always set in with a chill, more frequently with a mere chilliness. The skin is always moist, frequently copiously perspiring, the temperature never over 40° , the pulse fluctuates between 84 and 128, respiration is not affected. The disease is essentially based on a strong reaction of the uterus against a puerperal trauma, sometimes it is caused by catching cold; its anatomical character is increased production of cells on the interior surface of the uterus, and an oedematous saturation of its parenchyma. Sometimes the cervix and the vagina are the only parts affected.

We see still more clearly the picture of these exudative processes on the external surface of the uterus and on the ligamenta lata—*perimetritis*, so frequently combined with endometritis. This disease always sets in with a severe chill followed by great heat. At the same time severe pain in the region of the uterus and its annexa, which are very sensitive to the slightest touch, with tensity of the abdominal walls. Such a stormy beginning is soon followed by a relatively comfortable rest, but already on the morning following the beginning of the disease, and certainly on the second day, the exudation can be seen above the lig. Poupart., close to the uterus, which appears drawn to the affected side. Such a direct proof is impossible, when the exudation takes place very deep, or when some of the intestinal folds lie in a flatulent state before it. The exudation cannot always be reached from the vagina, and if so we feel a proportionable contour, convex, often spherical, especially toward the side of the pelvic wall, from which the tumor appears sharply defined. Subsequent exudations are frequent, and end in resorption, or in shrinking with secondary adhesion of the serous surfaces among themselves, and formation of pseudo-membranes. We see very rarely

puriform destruction and formation of cysts, and when it makes its way into neighboring cavities, there is diffuse peritonitis. The fever, which was very light at the beginning, (temp. 40° , pulse 128,) falls as soon as exudation has taken place, or may remit entirely for a whole day, to remain then at the same low grade. Severe exacerbations prove subsequent exudations.

The circumscribed *parametritis* runs a similar course, although it can be easily distinguished from the other. When the serosa is not alike affected, the objective as well as the subjective symptoms, run a less stormy course from the beginning, although more steady and less fluctuating. The uterus is not so frequently affected as in *perimetritis*; there may be suppuration on the collum, from the rents and contusions, which so often cause the *parametritis*. We find a diffuse swelling, either doughy or hard, deep in the pelvis, on the side of the neck of the uterus, which usually cannot be reached by external examination or only by the strictest bimanual touch; it is never found before or behind the uterus; and at most may take on the form of a half-circle, surrounding the collum. The swelling is never sharply defined towards the side of the pelvic wall, but passes rather immediately within it. It presses the sides of the vaginal fundus downwards, passes the level of the external os uteri, pushes the uterus to the other side and prevents more or less all motion of it. At the start the pain is trifling, dull, but the symptoms of pressure in the pelvis are more outspoken than when the serosa is affected. Disturbances of the nerves of the lower extremities are frequently observed. A real chill is mostly wanting, the fever is not very high, subcontinual. Resorption begins early and goes on quickly. Shrinking is frequent; formation of abscesses; discharging in the neighborhood rarely. In other cases this circumscribed inflammation passes over into a diffuse phlegmonous one, leading to *pyæmia* and *peritonitis*.

I suppose that we all know the symptoms of *diffuse traumatic peritonitis*. Beginning either stormy, as general peritonitis, more frequently as a continuation of a *pelviperitonitis*

with lighter symptoms, the disease shows either all the symptoms of the non-puerperal peritonitis, or, as usual, it is mixed with the symptoms of endometritis (per salpingitis?) which complicates or caused it; or with secondary complications. The intense pain, spread over the whole abdomen, especially in the hypogastric region, the meteorismus, constipation, vomiting, the intense initial chill, the continued high fever, the frequent, hard, somewhat suppressed pulse, the hurried superficial respiration, the skin either dry or profusely perspiring — belong, as well to the puerperal as to any other peritonitis. But the exudation is not so easily perceived on account of the great sensitiveness of the abdomen and of the meteorism. It is mostly deeply seated in the pelvic cavity as a light yellow serum mixed with the well known flakes. Fibrinous puriform layers attach themselves to the organs in large quantities, and being widely diffused, glue the bowels together and bind them to the pelvic organs; they are also found on the epigastric organs and on the abdominal walls. Such cases are frequently seen after rents and perforations of the uterus.

Quite a different picture is given by the so-called *lymphatic*, better *pyæmic peritonitis, a sequel of the phlegmonous metritis and parametritis*. Although the peritonitis may be very intense, still the whole state carries the impression of diffuse pelvic suppuration, of general infection, so that the phlegmone must be considered as the dominant factor of the disease; it is in fact nearly always present in every case of severe puerperal fever, and is frequently caused by ulcerative endometritis. I have shown you several times in the pelvic cellular tissue the muddy serous infiltration of Buhl — the lardaceous layers of Virchow — this cellular tissue, soaked through with dirty brown serum with its yellow layers, discrete or diffuse, solid or soft, which, after all, are only puriform foci. Characteristic is the state of the lymphatics on the sides of the fundus uteri, in the tubes, in the subserosa of the collum appearing like a chaplet of beads or isolated, convoluted, and filled with firm or deliquescent lymyh (*thrombosis lymphatica, metrolymphangitis*.) This process, which we find fully developed in the subserosa and in the Fallopian ligaments, we may

pursue through the retroperitoneal connecting tissue and find here also the lymphatics diseased, spreading hence, when, at the same time, the suppurative process takes place in the peritoneal sac, through the diaphragm, leading to puriform pleuritis and pericarditis, to puriform effusion in the joints, to phlegmone of the extremities, to the so-called degenerative inflammations of the large abdominal glands. Although peritonitis is always present, we still miss the symptoms given for the traumatic form, for, as soon as pus invades the lymphatics, it makes itself differently known. I have always seen this malignant disease set in with a severe chill, which does not repeat itself, but the high pulse and the high temperature remain. Soon after the chill the abdomen bloats up, without becoming painful, and remains bloated, and this constant painless meteorismus is pathognomonic and in the highest degree ominous; the tongue is moist, rarely heavily coated, constipation or profuse diarrhoea (the latter frequently artificially produced), the skin always perspiring. We find soon all the symptoms of toxæmia, which Pillroth and Hunter have laid down as characteristic of septicæmia — the frequent small pulse (140–156), with which the temperature does not keep pace, indeed it often sinks in inverse ratio; the enormously hasty superficial respiration; the cool face, the cool extremities, both covered with sticky perspiration; at the same time the greatest euphony, so that, if the dyspnoea were not present, the lying-in women would hardly consider themselves very sick. Most of them have, even on the last day of their life, hardly any idea how bad they are, even after pleuritis, pericarditis, phlegmone of the extremities, and effusion in the joints have taken place. Death mostly sets in between the fifth and eighth days of the disease, sometimes sooner. It is doubtful if such a case will ever be cured, certainly only then, when the phlegmone and the migration of its products have not passed beyond the pelvic cellular tissue and its lymphatic tracts, or the pelvic lymphatic sac (the peritoneum.)

Let us now consider the *phlebothrombosis* and *phlebitis*. Usually combined with endometritis, we observe that this affection of the uterine and pelvic veins does appear in a more isolat-

ed form. To the symptoms of diphtheritic affection of the uterine and vaginal mucous membrane the known erratic chills will be added with its remissions ; also at times great apparent amelioration with discrepancy between the pulse and temperature. It would be a mistake, to exclude the affection of the veins on account of the deficiency of such chills. I have seen many cases, in which the patients gave the whole picture of typhus, the dry tongue, the dry skin, the changes of temperature, the moderate meteorism, diarrhoea, apathy and light deliria. Chills appear only, when the embolus migrates to the lungs or other organs ; and it is well known, that embolic processes are not necessarily sequels of thrombosis and phlebitis, and that the presence of the elements of an ichorous thrombus in the blood may produce all the symptoms of septicaemia, which are to a superficial observer so similar to typhus. The uterine parenchyma may appear perfectly healthy, when at the same time its veins are diseased. Frequently the mucous membrane is greatly altered, but not always on the place of the insertion of the placenta, where people look commonly for diphtheria. The veins of the placenta are not always the first part affected ; just as often do we find the blood vessels in the parenchyma of the uterus, in the parametrium, the spermatica, primarily affected. The disease kills mostly through septicaemia or embolus.

We have now only to make the distinction between the chief lesions of severe puerperal fevers, the *endometritis diphtheritica sen ulcerosa*, and the simple *septicaemia, the putrid resorption*. This form of endometritis we find usually combined with phlegmone and with phlebothrombosis and phlebitis, and only sometimes, though rarely, it runs its course by itself and it is only fatal by sepsis. It is called diphtheritic, because the exudation takes place into the tissues of the mucous membrane and the muscular wall, and falls to pieces with them. We find the process most intensely developed on the place of insertion of the placenta, but every place may be attacked, and the isthmus uteri is even frequently attacked. The morbid places are covered with necrotic shreds, which may be pushed off like mush, leaving behind them great

loss of substance. The whole uterus is relaxed, doughy and cedematous (as also the vagina and vulva), and covered with deep ulcers. The lochia foul-smelling, mixed with blood and shreds of tissue. In some cases the bladder is attacked per vicinity by a similar process; and the bowels are also usually affected, as catarrh and dysentery of the colon are hardly ever missing. Symptoms: relaxed, painful uterus, bloody, ichorous discharge, dry skin, dry brown tongue, severe diarrhoea, great apathy and somnolence, deliria, high fever, with hardly any remissions; in short, the picture of putrid poisoning, which we have already sketched in the ichorous phlebitis. Metastatic inflammations are not often observed; still I have seen a very rare case, a gangrene of the left mamma, with total loss of it, from which the patient perished in marasmus. I have no doubt that endometritis and putrid resorption may still be curable when uncomplicated by phlebothromboses or by parametritis phlegmonosa.

The picture of septicæmia is still clearer before our eyes, where placental and oval remnants remain putrefying in the uterus. From this cause two of our patients died. The most simple form of septicæmia is that one where a coagulum retained in the uterine cavity is the causal moment, as it happens sometimes in the first days after confinement; and, although the symptoms may appear threatening, the removal of the cause quickly allays the storm. When oval remnants putrefy in the uterus the manifestations are the same as in ulcerative endometritis, with or without formation of ichor in the veins. The post mortem, together with the corpus delicti, always shows a necrotic state of the internal uterine surface, which may be mostly considered a secondary process, as also the thrombosis, with detritus and inflammation in the veins, where the placenta was inserted, and in those of the ligamenta lata.

CHARACTERISTICS CLINICALLY APPLIED.*

By W. H. BURT, M.D.

GENTLEMEN: Appointed upon your Committee of *Materia Medica* at the last annual session of this Association, your Committee has chosen the clinical application of characteristics, or "key note" symptoms, of our remedial agents, for elucidation.

Our remedies all produce many similar symptoms, but each drug produces symptoms peculiar to itself, and we find no two affecting the organism alike. Now these peculiar characteristics of a drug are its "key notes." It is the same in Pathology. Some all-pervading condition, that gives the case its individuality, which we call pathognomonic of the disease, is its characteristic or "key note." Now if we can find some prominent characteristic of a remedy, identical with some prominent characteristic in a pathological case we wish to treat, a careful comparison of the symptoms of the remedy and the case, will show their symptoms to be in almost every case identical, and the drug will cure the disease. By the use of this characteristic, or "key-note" system, the practitioner will often find that one prominent characteristic symptom will not only reveal the true pathological nature of the case, but its homœopathic specific, without asking the patient a single question. For instance, a patient comes into your office, and the first glance you get of his face, you discover him to be pale, and his lips covered with hydroa, or fever blisters, which cover the lips like pearls; this at once reveals to your mind that the patient is suffering from chronic malarial poison, so affecting the organic function of the ganglionic nervous system as to produce this peculiar blood dyscrasia; and it also reveals to your mind at the same time that *Natrum Muriaticum* is the specific remedy, and a careful comparison of

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[January,

the symptoms of the case with those of salt, will satisfy any Homœopathist that if this remedy be given in a suitable dilution, say the 30th or 200th, it will surely cure the patient. Also, who would not think of *Iron* in anaemia, or *Crocus* in metrorrhagia, where the blood is black and as it is discharged forms itself into long strings; or *Sepia*, in prolapsus uteri, with the symptom, "she has to cross her limbs to prevent everything coming out of the vagina;" or of *Secale* in labor, or in other female diseases with prolonged pressing, forcing pains in the uterus; or of *Calcarea Carbonica* in scrofulous children, with lax muscles, open fontanelles, profuse perspiration of the head, that wets the pillow far around while sleeping; or of *Silicea*, with terribly offensive perspiration of the feet; or of *Kali bichromicum*, in affections of any of the mucous membranes when the discharges are tough and stringy, stick to the parts and can be drawn out into strings several feet long; or of *Causticum* in catarrhal aphonia; or of *Carbo veg.*, with much belching of sour, rancid food, the stomach being greatly distended with gas; or of *Alumina*, in profuse, transparent, acrid leucorrhœa, running down to the heels in large quantities; or of *Graphites*, in eruptions, oozing out a sticky fluid; or of *Thuja*, in figwarts and condylomata, covering the genital organs of both sexes; or of *Arum triphyllum*, in scarlatina, with discharges of burning ichorous fluid from the nostrils, excoriating the lip; or of *Podophyllum*, with morning diarrhoea, stools watery, green, and exhaustive; or of *Arsenicum*, in acute diseases, with rapid and great prostration, and sinking of the vital forces; or of *Leptandra*, in chronic diarrhoea, stools black and worse in the after part of the day; or of *Conium* in spasmodic, dry, teasing coughs, worse in the evening and at night; or of *Sulphur*, with a feeling of great weakness, and faintness, from eleven to twelve, a. m., cannot wait for dinner; or of *Camphor*, with sudden and complete prostration of the vital forces, with great coldness of the external surface; or of *Ignatia*, with great sadness and sighing, with an empty feeling at the pit of the stomach; or of *Coccus* in female diseases, the patient feeling too weak to talk aloud; or of *Stannum* in female diseases, especially diseases

of the lungs, when the patient feels so weak that she can hardly sit down, she must drop down suddenly, but can get up very well; or of *Zincum*, with incessant fidgety feeling in the feet, must move them constantly; or of *Lachesis*, when the patient cannot bear the least pressure, not even of the clothes upon the uterine region, or on the neck; or of *Cantharides*, with constant desire to urinate, passing but a few drops at a time, the urine sometimes being mixed with blood; or of *Chimaphila*, the urine has an immense quantity of mucus in it; or *Borax*, when the patient cannot bear a downward motion, as in a rocking-chair, going down stairs, or in a swing; or *China*, in intermittent fever, with great congestion of blood to the head, with deafness and noises in the ears; or *Phosphoric acid* in organic diseases, the patient is very weak and indifferent to the affairs of life, apathetic and listless; or *Coffea*, when the parts are so sensitive that the patient cannot bear to be touched, the pains are insupportable, feels them most intensely; or lastly, *Tartar emetic*, in paralysis of the pneumogastric nerves, with large collections of mucus in the bronchial tubes, expectorated with great difficulty.

Your Committee might go on and give prominent characteristics of some two hundred more remedies in our *Materia Medica*, but enough has been said to show how often one symptom will act as a key to unlock a whole case. These characteristic or "key-note" symptoms your Committee has given to the public in a work entitled "Characteristic *Materia Medica*," which you can all study at your leisure. What your Committee claims is that, by this characteristic or "key-note" system, if the practitioner can get some prominent characteristic or "key-note" symptom of a remedy in a disease he wishes to treat, he can at once individualize his case, and be almost absolutely certain that he has the true homœopathic specific.

Your Committee does not hesitate to say that if we can but find out the true characteristics of our remedies, it is the surest, shortest, most suggestive, and practical method to select remedies in disease; the rest of the symptoms in a certain sense are subservient, or of minor importance.

To further illustrate the use of these characteristic symptoms, a few clinical cases will now be given :

Case 1. A young man, sanguine bilious temperament. For the last eight months he has had intermittent fever (excepting six weeks, during which time an old-school physician arrested it with large doses of *Quinine*); has a paroxysm of fever every other day; on his well day works in a coal shaft.

Chill comes on at 4 p. m., lasts one hour, with violent shaking.

Thirsty during the chill.

Vomits green bilious matter during the chill, with back-ache.

Fever lasts until midnight, and is followed by profuse perspiration.

Loss of appetite.

Bowels regular.

Much pain and distress in the region of the spleen.

Face very pale, and the lips covered with hydroa.

This last symptom was the key to the selection of the remedy, showing the organic function of the great sympathetic or ganglionic nervous system to be so affected as to produce a blood dyscrasia, similar to that caused by *Natrum Muriaticum*. One prescription of the 200th completely cured the patient, so that he did not have another paroxysm, notwithstanding he worked constantly in the coal shaft.

Case 2. A young girl, just breaking into womanhood, has had ague for two months, tertian type; for six weeks had the ague every day. Her mother gave pepper tea, and arrested it for two weeks; it has returned again, worse than ever, coming on every other day; has had three paroxysms, so violent that she is compelled to keep the bed.

Slight chill at 10 a. m.

Vomits profusely just as the chill is leaving, and the fever commencing.

No appetite; bowels constipated.

Fever lasts all day, with profuse perspiration.

But what she complains the most of is a violent and intense frontal headache.

These two last symptoms, the fever with profuse perspiration, and the violent congestive headache, are two of the most prominent characteristic symptoms, that call for *China* or its alkaloid *Quinine*, and they are most graphically displayed in all the provings of *China*, and especially in its toxicological effects. In this case *China* 200th was given, in the afternoon of the well day ; the next morning she had a most violent paroxysm, but never had any more. In the mind of your Committee this was a true aggravation from the 200th, and probably if the 500th had been given, she would have been saved one day of suffering.

Case 3. A lady æt. 30, bilious temperament. Her husband came to me and said his wife had neuralgia over and in the right eye ; came on every day at 11 a. m., and lasted until 4 p. m. Sent *Arsenicum* 30th. He reported next day no better. Sent *Quinine* first trituration, one grain every two hours. Came after me next day saying his wife was worse, and wished me to visit her ; 12 m., found she had had a slight chill at 11 a. m., and now had fever, pulse 120, hard and full.

Appetite poor, but bowels regular.

Severe frontal headache, with the most intense neuralgic pains over and in the right eye.

In this case, the key that led to the discovery of the right remedy, was the violent congestive headache, and its periodicity. *China* was selected as the true remedy, but how shall it be given ? The first trituration of the sulphate of *Quinine* had been given, and failed. Now, will grain doses of the pure alkaloid do better, or will it be prudent to give it in the high attenuations, knowing that the high dilutions act better in neuralgia than the low ? *China* 30th was given, and the patient never had another paroxysm. Next day said she was well.

Case 4. A babe fifteen months old. Has been treated for five months by an Eclectic for ague ; never has been free from it more than two weeks at a time ; has taken large quantities of *Quinine*.

For the last two weeks has a paroxysm every other day, but previous to this the paroxysms were daily.

Chill always comes on in the morning with rigors for two hours, followed by fever for three hours, but no sweat. Formerly vomited during the chill, but does not now.

Thinks it has headache.

Bowels costive.

Face palè.

In this case there could not be found any very prominent characteristic symptom pointing to any one remedy; the case was studied minutely, individualizing it with various remedies, and I finally settled upon *Arsenicum* and *Natrum Muriaticum* as being the most likely to cure it; the case being such a chronic one, the remedy should be found among the anti-psorics, and *Natrum Muriaticum* out-ranking *Arsenicum* in this list, *Natrum* 30th was given, with the intention of giving *Arsenicum* if this failed. The child had three paroxysms after commencing the remedy, but each one growing lighter, the last one so slight it was hardly noticed; the cure was perfect with the first prescription.

Case 5. A mason, temperament nervo-bilious, for the last year has had dyspepsia.

For two hours after eating spits up his food, but it is not acid.

A few mouthfuls of food seem to fill him to the throat:

Stomach bloats a great deal with flatus, which gives him much distress.

Bowels constipated.

Has much dull frontal headache.

Has taken much cathartic medicine, which does no good.

In this case, every symptom, excepting the last one, is a most prominent characteristic of *Lycopodium*, in its whole pathogenesis. One prescription of the 30th made a perfect cure.

Case 6. Obstinate constipation of two years standing, in a lady æt. 26. Was confined two years ago; has been troubled since that time with constipation; stools large and in hard lumps, bowels move about every eight days; every few days has much pain and distress in the hypogastric region; pale and weak, otherwise well; is in the habit of taking a cathartic every three days.

The symptoms in this case are the true characteristics of *Muriate of Magnesia*; it was given in the 200th dilution; one dose acted on her bowels in twenty-four hours as a cathartic; but as she said, "without pain," and in two weeks she reported herself as having a natural stool daily, and feeling in better health than she had for the last two years. Your Committee would state here that among the long list of remedies we have for constipation, none will make such brilliant cures, and give the practitioner such satisfaction as the *Muriate of Magnesia*, given in the 30th or 200th dilution. *Sulphur* and *Nux vomica* cannot compare with it for lasting cures.

Case 7. Mrs. B., just passing through the climacteric period; large lymphatic woman, weighing over 200 lbs. For a week has suffered severely with rheumatism, affecting especially the knee and elbow joints. Worse by rest, and especially at night. This case is especially characteristic of *Rhus tox.* One powder of the 200th removed every vestige of the disease in three days.

Case 8. Mrs. M., just passing through the climacteric age; temperament nervo-bilious; has had chronic diarrhoea for the last four months; averages about six stools a day, all of which are in the forenoon.

The stools are composed of mucus and a great deal of black watery matter, accompanied by severe pain in the hypogastric region during and after stool.

The characteristic that led to the right remedy in this case, was the character of the stool, and its always appearing in the morning. No one could help but choose *Podophyllum* in this case. It was given in the 30th dilution, in two prescriptions, and lasting one week, when the cure was complete.

Case 9. Miss L. For the last three days has had sciatica. About every hour through the day has a paroxysm of hard, aching, burning pain down the right side; it is especially aggravated in the evening and at night; the pain is so severe that she has not slept for three nights; has no appetite.

The "key note" in this case, that led to the choice of the right remedy, was the burning pain, and the aggravation at night. It being the most prominent characteristic of *Arsenii-*

cum, it was given in the 200th dilution in water, and in three hours the cure was complete.

Case 10. Gastrodynia. A very large lymphatic lady, æt. 28, has had the disease several times in her life ; generally lasts from one to two weeks at a time ; always been treated allopathically. Was called to treat her in the evening ; she was sitting in a rocking-chair, bent forward and constantly rocking, suffering so much that the sweat was running from her face. Was in constant pain in the stomach, but every few moments she would cry out from the severity of the pain ; had been suffering about two hours, and in that time had vomited frequently. First it was the food that was vomited, but now only a slimy mucus, which emitted a most intense acid odor ; she said it was so sour that it set the teeth on edge ; bowels inclined to be costive.

The key to this case, that led to the selection of the true remedy was the lymphatic temperament, the disease coming on in the evening, and especially the extremely sour matter vomited. These symptoms are a few of the most prominent characteristics of *Pulsatilla* ; it was given in the 200th dilution, one dose in powder on the tongue dry. No relief came in twenty minutes, and another powder of the same was given, and in five minutes after, the pain left to return no more. In this case there was no necessity for giving the second dose, but the suffering was so intense that your Committee could not keep from repeating the medicine. This illustrates another point in the practice of medicine ; the physician to be truly scientific and successful, must understand the *Materia Medica*, make the most careful examination of his case, and be *certain* that he has chosen the right remedy, administer it, and leave his patient to give the remedy time to act. If the practitioner remains with his patient, or visits him too often, he either changes the remedy or repeats it when it is unnecessary, and often will spoil a good cure from his over anxiety. This your Committee has often done, and knows it to be a fact.

Case 11.—Cardialgia. This was one of the most interesting cases that ever falls to the lot of a physician to treat. The patient was a very talented young lady, brought up in wealth

and luxury, and also brought up in the lap of Allopathy, having imbibed the strongest prejudice against a Homœopathic physician and all that belonged to him. For several years past she had suffered every year from one to three months with the most violent spasms of the stomach; had been to several large cities, and had been treated by the most scientific Allopathic professors in Cincinnati, St. Louis, and Cleveland, all to no avail. For the last six months she had been an invalid, and for the last two confined to the bed, and was now given up to die by the Allopath that she had the misfortune to live with most of her life. One day her disease became so violent and agonizing that her mother, by the most urgent request of a Homeopathist, was persuaded to send for your Committee *just once* to see if Homœopathy could not do something for her.

Your committee found the patient sitting bent forward in bed, giving vent by spells to most fearful screams, emaciated almost to a skeleton; the least morsel of food would bring on a paroxysm of pain in the stomach, the emaciation being really from inanition; the pain in the stomach she described as if it was drawn up into a knot; bowels obstinately constipated; always vomited or tried to vomit whenever the pain was violent; the matter ejected was generally acid, but sometimes not; her face was greatly jaundiced, and this she said always would come on in twenty-four hours after having the pain. This symptom at once made the case look as if gall stones were at the foundation of all the trouble, but the pain was not located in the right place; *extremely irritable*; temperament nervous.

The key that led to the choice of the right remedy in this case was *especially* the *extreme irritability*. Between the paroxysms of the most agonizing suffering, she would give vent to her irritability by the most vindictive expressions at medicine, her mother, or some of her best friends; in fact, she was one mass of irritability in the form of woman. The constipation and nervous temperament were also key symptoms, all pointing to *Nux vomica* as the true specific in this case. Knowing her extreme irritability, your Committee went

armed with a vial of the 200th in liquid, and on the strength of this symptom dropped five or six drops on her tongue as soon as the patient was reached, before any examination of the case was made, being as confident that it would cure the patient as if the cure were already made. In half an hour it brought on such an aggravation that she had to be held in bed, but in one hour the pain was gone to return no more. The patient was visited daily for one week, and took regularly every three hours a *Placebo* powder, when she was discharged cured.

One word more about the use of our remedies and we have done. How shall they be given, in the low or high dilutions? This is the vexed question of our school. From the writings of the most able and scientific men in our school, and especially from personal experience, your Committee has come to the conclusion that the *truly scientific physician* will take the whole scale, from the *crude drug* up to the highest dilutions, using them as his best judgment dictates. Many cases have been cured with the high attenuations when the low have failed, and *vice versa*. The more acute and malignant the disease, the lower must be the remedy. Chronic diseases of a nervous character, especially of women and children, as a rule, are cured more readily by the high attenuations. Also, diseases of pregnant women should always be treated with the higher and highest potencies.

To those who have never used the high attenuations, your Committee would urgently request them to procure some of those lately prepared by A. J. Tafel; to lay aside prejudice and give them a careful trial; for certainly the beauty and glory of medicine is in the marvelous action of these high dilutions. We recommend these attenuations for the following reasons: They have been carefully prepared by hand, in a room free from all medicine, on the centesimal scale of 1 to 99, with pure 95 per cent. alcohol, and not with water, as all others have been; this is a great desideratum, and last, but not least, from the daily use of them since their preparation, their potency has exceeded our most sanguine expectations; their action is quicker and especially more lasting than the low dilutions. A physician practicing medicine without them

is only half armed against disease. To those who would buy them we would say, *be sure* and get *none* but those in the *liquid form*, and then when you have a case where you are certain of the remedy, *give the single remedy*. This abominable and unscientific method of alternating or rotating remedies in disease, is the bane of all medical progress. There never can be one scientific practical fact learned about a remedy, *ex usu in morbis*, when they are given in alternation. Let the physician take any one of our journals, sit down, pencil in hand, to take out and note down *practical facts* about the use of our remedies from clinical cases, and what will he find? In about two-thirds of the cases reported, he will find from two to twenty remedies given in one week. We must not laugh at our Allopathic brother for mixing his drugs, when we have dished out to us about every day in the week in our numerous journals, from one to twenty of these cases. The busy physician wants something *useful and practical*, or nothing, for his time is valuable. To learn anything practical about a remedy in disease, it must be *given alone* and allowed time to act. I care not whether it be given high, or low, if it is only given *alone*, and *allowed time* to act. A case cured with a low dilution is just as practical as one cured with the high, and *vice versa*. *Give the one remedy or nothing at all.*

CLINICAL THERMOMETRY.

BY LEONARD PRATT, M.D.

The time is not far distant when the use of the thermometer will be deemed indispensable in the diagnosis of fevers, and useful in determining the nature of various organic diseases, by means of which knowledge our remedies may be more perfectly adapted to their cure. The attention of the profession to clinical thermometry is rapidly increasing. Its necessity is being felt by leading practitioners, and valuable

contributions have lately appeared as the result of investigation, experiment, and careful observation. The use of the thermometer supplies the means of obtaining definite knowledge which may be of use nearly every day of active professional life. And this knowledge can be made *exact* in no other manner. The duty of the true physician, to the profession and to his patients, requires him to secure the knowledge thus placed within his reach, that he may thereby enlarge his sphere of usefulness. Otherwise he cannot keep pace with the progress of his art. Clinical thermometry has a history similar to every other branch of important human knowledge. Indications of great truths are reflected here and there by a few powerful minds, sometimes for ages before their real practical value is generally appreciated by the majority of learned men. This is so plain in the history of every great discovery that it need scarcely be mentioned. No valuable general truth pertaining to man's temporal or eternal welfare has been exempt from this ordeal. Occasionally, when apparently on the eve of a triumphant reception, inestimable principles of science and brilliant truths drop from sight and remain unnoticed for centuries, until the world is more perfectly prepared for their adoption. This is especially true of all discoveries in the science of medicine.

Special attention was directed to the heat of the body in abnormal conditions, from the time of Hippocrates until the termination of the Middle Ages, and it was considered an important item in estimating the nature, progress, and termination of disease. The renowned Galen, whose name is as perfectly known as that of any other one connected with medicine, whose influence has been immense, extending over a period of fifteen hundred years at least, and whose authority was unquestionable in his day, defined fever to be "*Calor praeter naturam.*" This is evidence that *morbid heat* was a prominent phenomenon for consideration in the daily life of the physician of his time. Afterwards the value of animal heat in connection with morbid conditions dropped from sight for a long period of time. At a time when instruments were discovered by the use of which fluctuations of temperature in

disease could have been easily determined, the profession was absorbed in experiments and observations pertaining to disturbances of the circulation. It was not until some fourteen hundred years subsequently that instruments were applied to determine the heat of the body and its variations in fevers. About that time this was done by Sanctorius, who died in 1638. Boerhave recognized its importance a hundred years later, and distinctly speaks of thermoscopy in his aphorisms. A pupil of his (Van Sweiten) expressed doubts as to the reliability of the sense of touch to determine bodily heat, and mentions the use of Fahrenheit's thermometer. But another pupil of Boerhave, de Haen, said to have been "the first clinical teacher of Vienna and Germany," is now the acknowledged founder of clinical thermometry. Many essays and observations are found here and there in his writings. The importance of thermoscopy in the diagnosis and treatment of disease, he was zealous in advocating. Many valuable facts were brought to light by his experiments and observations. The high temperature of the aged did not escape his notice. In cases of fever, he observed the evening rise and morning fall of the temperature as indicated by the thermometer. In the cold stage of fevers, while the patient was shivering with cold, he learned that the heat of the body was greater than the normal standard; he ascertained that the thermometer would indicate a paroxysm of intermittent which no other symptoms would detect. When the disease was only apparently cured, the use of that instrument enabled him to decide correctly upon that point. He decided from its use in showing changes in temperature, special indications for treatment, and observed a gradual return to a normal standard as the patient became convalescent. Notwithstanding all this, together with his high position in the profession, his views were rejected by his contemporaries and became neglected and forgotten. His achievements, like those of Hahnemann, were not appreciated by the profession. Like him, de Haen was far in advance of the age in which he lived. His mind could receive, comprehend, and reflect some brilliant rays of the light which centuries would develop to guide in the pro-

gress of professional skill and ability. He did more than simply use successfully, the discoveries, thoughts, and achievements of others. He founded a system of Clinical Thermometry which will transmit his name to posterity for ages yet to come. The value of his labors are now recognized, and their importance is being more and more realized by the profession. Able minds are being aroused to renewed efforts in the same direction.

Observations concerning the bodily heat of men and animals in health were published in England by Martin in 1740, and in 1774 the important physiological fact that the temperature of the body was maintained in a room of very high temperature, was demonstrated beyond question. John Hunter noticed the increase of heat of inflamed parts, but it was not until 1797 that the practical nature of this morbid sign was again duly estimated by James Currie in his "*Medical Reports* on the effect of water, cold and warm, as a remedy in fever and other diseases." In his practice as a physician he frequently used the thermometer, and considered it important as a means of diagnosis and prognosis, and of practical value in deciding upon a rational course of treatment. He learned the changes of temperature caused by cold and warm water in treating disease, and tested the effect of alcohol, antiphlogistic diet, opium and digitalis, with the same object in view. Especially in the treatment of fevers Dr. Currie placed a high estimate upon thermoscopy. But he, too, was ridiculed by the profession. The German translator of Dr. Currie's works would have suppressed what was found expressing confidence in the use of the thermometer, only that he wished it known what a sad condition the science of medicine had fallen into in England. Thus what genius sees, and what minds comprehend which are in advance of the age, is treated with contempt by those who have not the capacity to appreciate or the disposition to use it. Little influence did Dr. Currie exert upon medical minds, and his labors and teachings, like those of de Haen, were laid aside and forgotten as worthless. The medical world became involved in a discussion as to the origin of animal heat. It was contended on one side that the produc-

tion of animal heat was caused by the change of venous into arterial blood in the lungs; and this seemed the accepted theory. But in 1811 and 1812 *Brodie* denied this theory, and argued that it originated in the action of the nervous system. He was sustained by Chossat, Earle and Nasse, and opposed by John Davy and Dalton. Soon afterwards the Paris Academy offered a prize for the best essay upon the subject, and in 1822 and 1823 Deputz and Dulong published a treatise concerning it in which they sustained Lavoisier's doctrine of the production of animal heat by the change of blood in the lungs, by extensive experiments.

Observations of temperature were very little attended to during all this time either in health or in disease. A prize was offered by the benevolent and celebrated Hufeland for investigations sustaining Currie's teaching in relation to the use of the thermometer in clinical medicine. One of the best practitioners of France, Chomel, entirely rejected its use, and relied upon the hand to estimate temperature. About 1841 Andral, whose dishonest trial of Homœopathy is familiar to our school, acknowledged the value of that instrument at the bedside, and believed that, notwithstanding the fluctuations of heat in fevers and other diseases, there was a law which controlled these variations. He was the first since Currie's time to recognize this. Chossat and Von Gierse instituted researches and published useful items upon the subject. Zimmerman, a military surgeon at Hanun, deserves much credit for his labors during a series of years—carefully estimating the utility of clinical thermometry at a time when others paid little attention to it. Subsequently others entered the field, and about twenty years ago thermometry in the hands of the practicing physician entered upon a new existence in its history. Traube and Bärensprung published observations in 1850 and 1851 which initiated a new era. In an article concerning the action of Digitalis, Traube published his measurements of temperature dated June, 1850. The first contribution of Bärensprung appeared in 1851. The labors of both of these eminent men are worthy of much credit, and will no doubt prove very useful to the profession. In 1851 Dr.

Wunderlich, Clinical Professor at the University of Leipsic, commenced the use of the thermometer in his clinic, and after its daily trial for some time valued it so highly that he considered it indispensable. For fifteen years his observations were made from two to many times daily on all fever cases which came under his care. There were several millions of these observations, and they were made upon 25,000 cases. He avers that the "course of certain diseases is governed by a law which can be shown and proven by the range of temperature." In his pamphlet on "the Course of the Temperature in Diseases: a Guide to Clinical Thermometry," he maintains that in "abdominal typhus" especially, he first discovered proof of this law, and after much reflection, based upon long and careful observations, he became convinced that other diseases were subject to the same law. So highly did he value the practical importance of thermoscopy, that he became inspired with zeal in efforts to impress his convictions upon the minds of his professional brethren. Many of them ridiculed the measurements noted in his first published clinics, and a French critic sneeringly called them "delusive exhalations," which would lead but few astray. He thought the influence of them would not extend outside of small German hospitals, where there were as many professors as patients. Here was a great mistake. Others were not so limited in vision. Soon most of the hospitals and all of the clinical establishments of Germany, and a great number of able and progressive private practitioners, adopted it as an important element in the diagnosis and resulting treatment of nearly all cases of fever. Clinical thermometry has spread wonderfully. The profession is now blest with the published results of the labors of many able and competent practitioners in England and some in this country. Sequin is one of the latter. Many works are published on the subject, showing that new light is daily being reflected into medical minds, by means of which their capacity to relieve human suffering and cure disease is being rapidly increased.

The most convenient instrument for common use in determining the temperature of the body is curved, and has a bulb elongated to at least one inch. The graduated scale extends

from 75 to 115 degrees Fahrenheit. When accuracy is sought the scale should be divided into tenths of degrees, but for ordinary clinical observation one divided into fifths answers every purpose. Other grades may be used instead of Fahrenheit, as Centigrade (C), or Reanimer (R). The convenience and simplicity of the Centigrade are such that it seems strange that the one of Fahrenheit should still be retained universally in this country. The most suitable place for applying the instrument is the axilla. This should be dry and for convenience the patient's arm should be laid partially across the chest, the bulb introduced and kept in such a position as not to be surrounded with clothing. While waiting for the mercury to rise other symptoms can be investigated, so as to economize time. When the mercury has remained at a fixed point some three to five minutes, the height may be noticed and the instrument removed. As in estimating the exact rate of the pulse, so in regard to very minute observations of temperature, the physician should know *when* and *where* precision is necessary. This will vary in different cases. Every practitioner must be aware of the value of what are termed *objective symptoms*, that is, those morbid signs which he learns by sight, touch, hearing, etc., exclusive of any description of sensations, pains, etc., by the patient. "Thermometry, like auscultation and percussion, belongs to this class." Several considerations render thermoscopy more reliable and valuable than either of the other two. There is an exactness attending it which does not depend upon a process of rational induction. The results are precise, and are fixed plainly before the sight with the certainty of figures. Physical explorations by other modes evidence conditions which change but slowly, and are more stable in their nature. Temperature frequently changes, and those changes can not be reliably detected by any other means than the thermometer. Destructive organic processes are therefore thus more easily learned and closely estimated, especially those processes which take place throughout the entire organism instead of being confined to certain organs or localities. In these processes lies the secret power which reveals all the cognizable signs of disease. These are valuable

considerations in favor of this element of diagnosis. The earnest attention of every physician should be given to any means by which facts relating to departure from a state of health are elicited, and as this means measures slight departures with exactness, it should be especially valued. Fluctuations of temperature not only reveal the facts but observations show that these changes are not uncertain, but are controlled by laws as harmonious as those of other vital processes. Different diseases can be detected by certain ranges of fluctuation in temperature which are characteristic of them, and by which alone a correct differential diagnosis may be made. In health the temperature averages about $97\frac{1}{2}^{\circ}$ Fahrenheit, and is very stable. A variation downwards of one or two degrees is an alarming sign. Above 99° fever may be known to exist. Within the range of $98\frac{1}{2}^{\circ}$ and $97\frac{1}{2}^{\circ}$ a man may enjoy good health under ordinary circumstances and in any occupation, according to the conclusions of those who have made the most numerous observations. No matter what he may do or what his exposures may be, so long as the temperature of his body remains nearly the same, his general health is not affected when the bodily temperature is within those bounds. Loss of blood or therapeutical agencies do not change his temperature so long as he remains well. It is wonderful that the various and ever changing factors of normal life produce the same result as to animal heat. Yet this is true, solve the problem as we may. But this uniform result is found only in health. Any variation from a normal condition produces fluctuations in temperature immediately. Yet the range is not high in disease. It seldom exceeds $109\frac{1}{2}^{\circ}$ Fahrenheit. It is well established that a continued temperature of or above 99° F. occurs in every acute disease, and is a positive indication of a diseased condition of the organism, and extensive observation has not made known a case where acute diseases became developed immediately when the use of the thermometer revealed no elevation of temperature.

The thermometer tells no false tales. Its statements are reliable, and never beyond the true condition of the case. If a patient complains of general indefinite and undefinable bad

feelings, and we find the heat of the body beyond the normal standard, we may be assured that he is really sick and needs attention. If the same is found in a person who thinks himself well, or who believes himself cured of a malady which has afflicted him, he may be assured that he is sick or has not been cured. Feigned disease is by this means conveniently exposed, and a correct opinion concerning whether a given case is or is not one of disease, may be advanced without hesitation. We find cases where the patient has rigors and restlessness, with a general malaise, sometimes caused by temporary functional derangement, also by the activity of an approach of acute disease. Here thermoscopy comes in to aid in forming a diagnosis. If that shows a natural range of temperature, no danger need be feared. In many of these cases it is impossible to decide at first, from the general symptoms and pulse, whether the attack is serious or not; but if we note the state of the system as to heat, the impossibility is removed, and we know at once whether there is a serious cause of disease becoming active. The grade of a disease is easily determined by the use of this instrument. If the grade of heat is high, the danger of a fatal result is greater, and in proportion to this height is the case severe and doubtful as to recovery. Ambiguous attacks of little children, who can not describe their symptoms, are made known as to severity and danger by the use of the thermometer, and we know that whenever it points out a high temperature, the attack, whatever it may be, is never insignificant. No other means are so reliable and accurate as an element of diagnosis. While a disease is yet in its incipiency, we can confidently decide as to its nature, and points of uncertainty can be cleared away which otherwise would remain but probable at best until a more perfect development of the disease removed the doubts. Investigations in clinical thermometry have elicited the fact that very many diseases produce a certain range of temperature. There is a typical range in each disease, and in curable diseases, so long as the heat does not go beyond this typical range, the physician may be confident that no serious increase is going on. Periods of exacerbation and repose in fevers, complications, and various modifications

are shown by it. A knowledge of the range of the thermometer in certain diseases enables the physician to form a more correct diagnosis and give a more reliable prognosis. In health this range is very limited. There seems "no absolute fixed point in the average or in individuals," yet it is thought to vary not over a half a degree (Centigrade).

Periods of the day seem to cause fluctuations. The range is higher in the evening than in the morning. But in disease this range is wider perhaps from a half to a whole degree (Centigrade), and occasionally to four and four and a half degrees. If the organism is unstable in its temperature, we may be sure that it is diseased, because extreme variations of temperature are characteristic of disease, and by them we note the degree of severity in morbid processes. These variations are noticed to observe the same rules as those in health—reaching the lowest point in the morning hours and the height in those of evening or afternoon, from three to seven o'clock. They are also affected by complications, intensity of the disease, irregularity of its cause, etc. Numerous observations have shown that during a fever of moderate severity the mercury does not rise much above 101 degrees (Fahrenheit). In one of a more serious nature, of a high grade, it rises to 104° (F.). In pernicious fevers—as severe pneumonia, pyæmia, puerperal fever, abdominal typhus, typhoid fever, dangerous eruptive fevers, scarlatina, meningitis, and sometimes in rheumatism—the average height may be above 104° (F.), and yet a favorable result ensue; but in other diseases, when the daily average is at that high point, a fatal termination is sure to be approaching. When the average daily height becomes lower, with a less wide range of temperature in acute attacks, it indicates that the disease is yielding. When the highest point of temperature is reached at any certain time of day, that fact has its significance, especially after comparing several days. When it occurs earlier the disease is severe, and has not commenced to yield, but when it occurs later, we may be certain of improvement. In the closing hours of life, in many diseases, the temperature rises to an extreme height, sometimes as high as 112° (F.). The mercury rapidly rises high, also in cases of

intermittent fevers, without (in these cases) necessarily indicating danger, even to 105° (F.). It falls as quickly. No other disease causes so great and rapid fluctuations. In case of supposed intermittent fever, if at the close of the cold stage and beginning of the fever the mercury does not rise to about 105° (F.), we may be quite certain that the case is not one of intermittent fever. When this disease has been apparently cured, the general symptoms removed, and the patient believes himself free from disease, if the temperature remains high we may be assured that the disease is still active, and is not removed. If, during an attack of fever the temperature is observed to be normal about certain periods in the day, especially in the afternoon, we are justified in suspecting it to be an intermittent, and may at once decide that it is not an acute inflammation, and may exclude typhus and eruptive fevers (except chicken-pox and perhaps measles). If there is high temperature during the first days of an attack, abdominal typhus is improbable. In eruptive fevers, when the mercury falls with the appearance of the eruption, we may diagnose small-pox. But in exanthematic typhus, scarlatina and measles, the fever does not abate on the appearance of the eruption. It has been observed that the pulse usually rises with the temperature, but not always in the same proportion, and sometimes does not change at all when the fever has increased two degrees (F.). Again, in the case of excitable persons recovering from a fever and in hysteria, the pulse may rise very high, and continue so for days without any unpleasant increase in heat or any alarming general symptoms. But if the general symptoms are severe, with frequent pulse and moderate temperature, or considerable diminution of fever, there is cause for anxiety, and internal hemorrhage or the beginning of a state of collapse may be feared. If the heat increases for some days in succession, during a period when improvement might be reasonably expected, a fatal termination is generally the result.

In typhus and typhoid fevers there is much difference in temperature noted. In typhoid a continuous abnormal elevation of heat is more marked, and of longer duration; while in typhus there is tendency to certain temperatures on certain

days; about the seventh day it reaches 104° (F.), its maximum, in a large majority of cases which are mild, and a normal standard is attained about the twelfth or thirteenth day, and in severe cases, from the fifteenth to the eighteenth days. But in typhoid the highest point may be reached at any time from the seventh to the twenty-first days, and a healthy standard is usually attained between the fifteenth and twenty-first days in mild cases, but sometimes in severe ones not until between the twenty-fourth and thirty-fifth days. Relapses of typhoid run a similar course to the first, but of shorter duration. Relapses in typhus are seldom known to occur. In severe cases of typhoid the mercury usually rises to about 103° (F.) in the morning, and 105° or above in the evening, during the second week. If no abatement is noticed as soon as the twelfth day, it is certain that a severe course will follow. Again, when there are great irregularities of temperature without any apparent cause different from the usual course of that disease, there is cause for serious apprehension.

The thermometer is useful in determining the danger of head-symptoms; "a high temperature during the first week being the earliest indication of danger from that source." If the thermometer show 104° F., mornings, during the first week, and 105°, evenings, we should anticipate severe head symptoms. The highest range, with suppression of urine, has been specially observed in fatal cases. When there is a rise at midnight and no morning fall, dangerous nervous symptoms may be looked for. In cases where failure of the heart's action is likely to occur, the thermometer supplies no means of estimating the danger which impends. Neither is it considered of much use in lung complications. Where a state of great depression is induced, either by enfeebled action of the heart, or by obstruction of the lungs, the thermometer may fall to a normal standard and lower, without being any indication of improvement. Auscultation and percussion will reveal the real condition more perfectly in such cases, but generally a gradual return to a normal temperature affords a more reliable sign of improvement than any one symptom.

which can be noticed. Complications affect the febrile heat differently, according to their nature and the time when they appear.

All local disorders or functional diseases tend to modify more or less the heat of the body, and it is by the use of the thermometer only that the extent of these modifications can be made known. The sensations of patients, and the perceptions of the touch, are equally unreliable. Some diseases tend to lower the temperature of the body, as diarrhoea, excessive hemorrhage, cholera, etc., but in all essential fevers it is raised, as also in organic and serious functional diseases.

It may be well to notice some of the disorders where thermoscopy enables us to give a differential diagnosis with facility. A fever is purely malarial, and not a continued fever, if the thermometer sinks to a normal standard between the exacerbations. Neuropathic affections may be distinguished from inflammations which they simulate, by there being no elevation of temperature. In hysteria no elevation takes place. When a state of coma is caused by uræmia, the mercury does not rise as it does when this state is produced by meningitis, or when it occurs in fevers. In cases of uræmia, coma, and convulsions, complications of inflammatory affections may be excluded when no elevation of heat can be detected. When tuberculosis is going on, the temperature is always increased, and where it is suspected if the heat keeps within a normal range, we may be sure that it does not exist, or at least that it is not increasing. In acute inflammation of the kidneys, the duration and intensity of the disease may be correctly estimated by the use of the thermometer. When the heat becomes normal, the inflammation has ceased, and it is not affected by the chronic changes which often supervene upon an acute attack—as the continued passage of blood in the urine, and other signs of Bright's disease in a chronic form. This sign gives us valuable information in treating cases of Bright's disease of the kidneys especially. We may say that it is more valuable than all other signs in determining the change from the *acute* to the chronic form. Other signs are not always present like that one. Although an increase in the

quantity of urine generally marks the termination of the acute stage, still exceptions have been noted, while the change in temperature takes place in all cases. The acute stage, measured by the thermometer, usually lasts from three to seven days, and patients seldom die during this stage, but more frequently from the chronic form.

It has been observed that the highest points noticed in various diseases are about as follows :

In Erysipelas of the face, 106°, (F.)

Variola, eruptive stage, 106.2.

Scarlatina, 106°; usually 104 to 105.

Measles, 104° to 106.

Typhus abdominalis, 106.7°.

Meningitis acuta, 106.2°.

Pneumonia, from 101.9° to 106.5°.

Acute endocarditis, 106.7°.

Pyæmia, 106.6°.

Puerperal fever, 107°.

Intermittent fever, 107.1°.

Leucocythaemia, from 99° to 101°.

Uncomplicated cases of pleurisy never rise above 100°.

In Cholera it has been known to fall as low as 92.3°, which is the lowest point observed in any disease.

The maximum of all disease is 112°, and the minimum, 92°.

In health the system shows a remarkable evenness of temperature, not varying more than 2°, while in disease it often rises and falls rapidly, and shows fluctuations from 3 to 10 or 12°.

When the heat is greater than normal, there is always a loss of bodily substance ; the fatty constituents diminish continually, and nitrogenized substances pass off in the urine. Rapid degeneration or destruction of tissue, such as takes place in some inflammations, in carcinoma, ulcerations, and tuberculosis, always increases the temperature, and usually in proportion to the danger in each case. Many striking and important facts have been brought to light by laborers in this field of wonderful interest to the profession, which may be made

use of in practice, and available in curing disease. But as before mentioned, very little is known as to the effect of drugs upon the human organism in this direction. In 1866, Dr. J. S. Warter published the results of some experiments made upon himself, with a view of learning how hydro-cyanic acid, belladonna, camphor, brandy and port wine, ether and ammonia, affected animal heat. They are trifling and of but little value, because they were too limited and indefinite. He concluded that "vascular sedatives" depressed the temperature subsequently to their reduction of the pulse; that alcohol tended to elevate the heat slightly, and that camphor had a decided effect in keeping up the temperature. Wunderlich has contributed observations upon the influence of therapeutic measures upon the heat of fevers, but nothing relating to their effects upon animal heat, when the organism was in health. The influence of Quinia, Calomel, and Digitalis, upon the heat in typhoid fever, was a special subject of his experiments and observations. But the knowledge of medicines thus obtained cannot be reliable, although it may lead to experiments and observations which will increase our knowledge of the morbid effects of drugs upon the organism. Aconite produces "burning heat, especially in the head and face, towards evening;" "slight perspiration over the entire body;" "inflammatory fevers and local inflammations, violent dry heat, burning dryness of the skin, excessive thirst," with "hard, frequent, and accelerated pulse," etc. So do Veratrum Viride, Gelsemium, Bryonia alba, Rhus tox., Rhus radicans, Digitalis, Baptisia, Arnica, Belladonna, Cimicifuga, China, and others. Each remedy has characteristic symptoms which enable us in a general way to decide as to its indication; but is it not probable that if we knew the precise degree of heat which each one causes, and the principle which governs its manifestation, we should be supplied with a lever to modify and suppress fevers far more powerful than any which we are now master of. I would not recommend that any physician should rely upon clinical thermometry alone as a foundation in diagnosis, in prognosis, or in the selection of therapeutic agents, but that each practitioner familiarize himself

with the precise range and fluctuations of temperature in disease, and that he labor energetically and with perseverance to learn the same thing in relation to the action of therapeutic agents upon the healthy organism. We need the pathogenetic effect of drugs upon animal heat. Here is a deficiency in our *Materia Medica* which has been sadly felt and deplored by many able practitioners, and it is high time that Homœopathic physicians were aroused to its importance. We lose a powerful element in curing fevers especially, which may be easily made available. Here is a field for experiment, observation, and improvement, affording scope for learning, skill, and all the energy which an earnest desire to relieve human suffering and cure disease in the briefest manner can command. We need a more scientific *Materia Medica*. Medical men should become more harmonious in action, and united in efforts, to accumulate experience either by induction or deduction, and more alive to the use of artificial aids in enlarging and perfecting the scientific basis of our system of *Materia Medica* and Therapeutics.

NITRO-GLYCERINE OR GLONOINE.

TRANSLATED FROM THE FRENCH OF ROTH, BY THE LATE ALFRED H.
BEERS, M.D., NEW YORK.

(Concluded.)

ANTERIOR AND LATERAL CERVICAL REGION.—Sensation of swelling of neck; fear and continual feeling of neck; at the same time lancinating pain in head, throbbing of temporal arteries, and acceleration of pulse (160th of drop). 52.

Strong throbbing of carotids (after 4 minutes, from 50th of drop). 43.

Fullness in jugular veins (after 3 minutes, from 30th of drop). 13.

Pains below left mastoid apophysis, by external pressure. 7.

POSTERIOR REGION.—Stiffness in nape of neck (after 3 minutes, from 30th of drop). 13.

Stiffness and pain on left of nape of neck (after 5 minutes, from 30th of drop). 13.

Indefinable sensation, almost painful, at upper part of nape of neck (after 9 minutes, from 30th of drop). 14.

Dull pain high in nape on moving head (11 minutes, from 60th of drop). 36.

Sensation as if neck were bound with band, with tension in muscles of head and face. 76.

Being seated, sensation as if something rose up from nape to head (30 seconds, from 30th of drop). 2.

Sensation of stiffness in muscles of neck, as if it were bound, compressed (after 2 minutes, from 50th of drop). 41.

In bending head backward, cramping pain in left of nape, in region of 6th and 7th cervical vertebræ (after 2 minutes, from 500th of drop). 28.

The muscles of neck feel so weak from headaches, he cannot hold his head straight (from preparation). 7.

Pressure and throbbing in nape of neck (after 6 minutes). 7.

BACK.—Burning heat between shoulders (after 12 minutes, from 30th of drop). 2.

In stooping, cold chills descend the length of back, and in walking, feels slight transient heat (after 10 minutes, from 30th of drop). 2.

Prurience of back (from 50th of drop). 40.

Had pain in back and loins, afternoon and evening of first day (from 125th of drop). 29.

LOINS.—Had pain in region of lumbar vertebræ (1st day, from 125th of drop). 29.

SHOULDERS.—Pain in left shoulder (from 10-500th of drop). 40.

In walking his room, he feels a pain horizontally above the shoulders, which extends to the arm; especially violent in metacarpo-phalangyeal articulation of right medius (after 2 minutes, from 30th of drop). 2.

Stitch, which spreads from left shoulder into media, followed by pressure at stomach and nausea relieved by belching wind (after 45 minutes). 7.

ARMS.—Numbness and sense of fatigue in left arm ; is obliged to exert himself to rise up (1000th of drop). 87.

Numbness and sense of fatigue in left arm, with stiffness of middle articulations of fingers (from 1000th of drop). 37.

Heaviness of arm, as if about to become numb (after 2 minutes, from 50th of drop). 41.

Heaviness and numbness of both arms, rendering movement difficult (from 250th of drop). 32.

Cannot raise arms, which hang down for many minutes ; this sensation lasts as long as the headache. Suddenly he seems to wake from a dream and moves his arms (250th of drop). 32.

Sensation of agitation and nervous restlessness in arms and hands. He is obliged continually to turn them round and round, with a similar sensation in chest (from 250th of drop). 30.

ELBOWS.—Sensation of contraction in right elbow (after 5 minutes, from 30th of drop). 13.

Pain in left elbow (after 9 minutes). 16.

Painful, undefinable, disagreeable sensation in both elbows, especially right. Pain is confined to ulnar nerve, between internal tuberosity of humerus and olecranon. Pain appears at first on left, afterwards on right side, but here it is strongest ; (after 12 minutes ; after 29 minutes, pain in right side ceases, and in left side remains). 16.

FORE-ARM.—Throbbing of radial artery so strong that the hands tremble ; feels the throbbing even to the end of fingers, and in touching objects, sensation as of an electric shock (from emanations). 61.

HANDS.—Burning in palms of hands. 76.

Prurience in hands (after 27 minutes, from 30th of drop). 14.

Prurience in hands (after 20 minutes, from 50th of drop). 14.

Trembling of hands, especially left, with decrease of their temperature (soon after 100th of drop). 16.

Violent trembling of hands (after 12 minutes). 16.

FINGERS.—Pulsation as of beating of radial artery, at end of left fingers (from 9-500ths of drop). 40.

Pain (like that which one feels in ulnar nerve) at articulation of hand, on side of little finger (20 minutes). 16.

Pain at metacarpo-phalangyeal articulation of left medius (after 20 minutes, from 30th of drop). 2.

Violent pain at inner side of right medius; it is a drawing pain on the bone, from the metacarpus to the 1st articulation (from 2-500ths of drop). 40.

LOWER EXTREMITY IN GENERAL.—Feebleness and numbness of left lower extremity, which disappears first from thigh.

Remains much longer in foot, malleoli, lower extremity of tibia, outside, and in toes (250th of drop). 61.

Sensation of numbness of left lower extremity (from 250th of drop). 61.

Sense of weakness and pain in left pelvic extremity, at its posterior face, along the track of the sciatic nerve; more violent in calf of leg for 3 hours, (2d morning, from 200th of drop). 59.

COXO-FEMORAL ARTICULATION.—In walking, cracking in right coxo-femoral articulation, and soon after, twice in left knee (after 3 minutes, from 30th of drop). 2.

KNEES.—In walking, cracking in right knee (after 7 minutes, from 30th of drop). 2.

Pain in left patella (after 1 minute, from 5-150th). 13.

Pain on outer and inner edges of both patellæ (after 3 minutes, from 30th of drop). 2.

LEGS.—Hardly has he taken a step, but he already feels very weary in the legs (250th of drop). 61.

Numbness of legs while seated (after 20 minutes from 160th of drop). 42.

Pains in the calves, remain longer than other suffering (from 50th of drop). 40.

HEEL.—Pain of burning prurience in right heel, stronger at bottom and inside (3-500th of drop). 40.

GAPING.—Gaping (from 20th of drop). 1.

Gaping and pandiculation (after 10 minutes, from 30th of drop). 13.

Gaping and desire for deep respiration (after 20 minutes, from 30th of drop). 13.

Continued gaping and sleepiness (after 65 seconds, from 20th of drop). 5.

SLEEP.—Sleepiness at an early hour of evening (50th of drop). 44.

Sleepiness, heat in face, which is paler, and desire to bend head back (250th of drop). 60.

Sleep better than usual (2d night, from 30th of drop). 13.

Restless sleep full of dreams. 76.

Sound sleep; wakens with great pain (from 25th of drop). 20.

DREAMS.—Dreams which he remembers in the morning. 20.

HEAT.—General heat (after 3 minutes, from 50th of drop). 47.

General heat and fullness in head (after 3 minutes, from 50th of drop). 46.

General strange heat, greater standing than sitting, with transitory heat in the face (after 3 minutes, from 200th of drop). 71.

Great general heat, especially of head and face, with profuse sweat for quarter of an hour (immediately after taking 6th of drop). 75.

Sensation of heat, which from the nape descends the length of trunk and spreads itself throughout the body (from 200th of drop). 22.

SWEAT.—Profuse sweat (after eight minutes, from 200th of drop). 26.

Moist skin (after 6 minutes, from 50th of drop). 47.

PULSE.—Pulse rose from 80 to 104 (from 20th of drop). 1.

Pulse rose from 80 to 112 (after 65 seconds, from 20th of drop). 57.

Pulse rose from 80 to 112 (from 20th of drop). 6.

Pulse rose from 60 to 88 (immediately from 20th of drop). 6.

Pulse 64; 84 (after 2 minutes 30 seconds); 74 (after 7 minutes 30 seconds); 72 (after twelve minutes). 7.

M. Zumbrock swallowed a draught of the water in which he washed the Glonoine. After 3 minutes, pulse rose to 120; headache came on slowly, but was severe; the pulsative pain was more intense in occiput, and increased after noon. *Coffea*,

in tincture and in infusion, instead of quieting, increased the pain. Felt a drawing sensation without the forehead, and in occiput a pressure as if he would lose his senses. This pressure ascended from nape to occiput, and spread itself to vertex. *Aconite*, high potency, with no effect; but *Aconite* 3d quieted it promptly. 7.

Pulse rose from 80 to 88 (after 2 minutes, from 10th of drop). 9.

Pulse 96, after 1 minute; 100, after 2 minutes; 106, after 3 minutes; 104, after 4 minutes; 112, after 5 minutes; 108, after 6 minutes; 104, after 7 minutes; 96, after 12 minutes; 96, after 20 minutes; 100, after 25 minutes; (60th of drop). 10.

Pulse, 76; after 1 minute, 84; after 2 minutes, 100; after 3 minutes, 104; after 4 minutes, 100; after 5 minutes, 92; after 7 minutes, 92; after 10 minutes, 92; after 12 minutes, 88 (from 50th of drop). 10.

Pulse rose from 80 to 96 (after several minutes, from 10th of drop). 10.

Pulse rose from 64 to 96 (after 2 minutes, from 20th of drop). 12.

Pulse, 70 (after 10 minutes, from 30th of drop). 13.

Pulse, 92 (after 5 minutes, from 30th of drop). 13.

Pulse decreased from 92 to 88 (after 10 minutes, from 150th of drop). 13.

Pulse rose from 80 to 92 (after 5 minutes, from 150th of drop). 13.

Pulse, 70 (after 20 minutes, from 30th of drop). 14.

Pulse, 100, full and soft (after 6 minutes, from 30th of drop). 14.

14.

Pulse, 70 (after 20 minutes, from 50th of drop). 14.

Pulse rose from 72 to 100 for a minute (after 3 minutes); decreased to 84 (after 6 minutes) (from 100th of drop). 14.

Pulse rose from 74 to 100 (after 3 minutes); decreased to 84 (after 6 minutes) (from 100th of drop). 14.

Pulse rose from 64 to 80 (after 3 minutes, from 7-300ths of drop). 15.

Pulse 56 (after 10 minutes). 15.

Pulse 94, after 1 minute; 104, after 2 minutes; 108 after 3 minutes; 104 after 4 minutes; 96 after 5 minutes; 92 after 6 minutes; 84 after 7 minutes; 80 after 8 minutes; 84 after 9 minutes; 84 after 10 minutes; 84 after 12 minutes; 78 after 15 minutes, and cessation of headache. 16.

Pulse from 78 to 92, softer and smaller, after 4 minutes; at 100 after 5 minutes; feels a general sensation, analogous to that preceding an attack of intermittent fever. The pulse decreases to 80 after 7 minutes; the temperature of the hands, especially the left, falls after 9 minutes; counts but 69 pulsations (100th of drop). 16.

Pulse from 69 to 70 before taking the medicine; it rose to 80, three minutes after taking it; after 15 minutes to 84, soft and full; after 11 minutes 66, very full; after 15 minutes 80, following certain movements of body; after 27 minutes, to 72. 17.

Normal pulse 70; 4 minutes after taking, rose to 80, and decreased to 70 after 6 minutes. 18.

Before taking it pulse 64; rose to 80 after 4 minutes; to 84 after 5 minutes, and decreased to 78 after 13 minutes (from 20th of drop). 19.

Pulse after 1 minute 72; after 3 minutes 80; after 4 minutes 92, and strong throbbing of heart; after 6 minutes 100; after 8 minutes 92; after 9 minutes 88; after 11 minutes 84; after 18 minutes 72 (from 25th of drop). 20.

Pulse 120 after 5 minutes; 116 after 18 minutes (from 250th of drop). 21.

Pulse 114 after 27 minutes; 116 after 28 minutes; 125 after 29 minutes; 118 after thirty minutes (from 150th of drop). 21.

Pulse 94 after 1 minute (from 200th of drop). 22.

Pulse very small after 1st dose; increases in frequency and strength after 2nd, and becomes afterwards again small (from 200th of drop). 22.

Pulse 62; rises to 84 soon after taking 100th of drop; and taking another dose 200th drop, rises to 98. After 3 minutes it becomes quiet. 23.

Pulse at first frequent, gradually becomes slower, then faster (from 100th of drop). 24.

Pulse 66; after 2 minutes 76, full and hard; after 15 minutes 84; after 30 minutes 68; (from 100th of drop). 25.

Pulse 76; after 1 minute 80; after 2 minutes 72; after 3 minutes 84; after 8 minutes 88; after 10 minutes 84; after 15 minutes 78; (from 200th of drop). 26.

Pulse 74; after 2 minutes 84; after 3 minutes 84; after 5 minutes 76; after 8 minutes 74; (from 200th of drop). 27.

Pulse 74; after 2 minutes 70; after 10 minutes 74; after 16 minutes 68; full and soft; (from 500th of drop). 28.

Pulse 70, full; after 7 minutes 70; after 15 minutes 70; (from 250th of drop). 28.

Pulse 78; after 5 minutes 96; after 8 minutes 80; after 10 minutes 76; (200th of drop). 28.

Pulse 74; after 1 minute 72; after 3 minutes 80, and fuller; after 6 minutes 80; after 8 minutes 90; after 11 minutes 76; after 15 minutes 70; after 18 minutes 72; after 23 minutes 74; after 30 minutes 70; after 37 minutes 68; after 90 minutes 68; (150th of drop). 28.

Pulse rose, after 10 minutes, from 80 to 96; (from 125th of drop). 29.

Acceleration of pulse (from 250 of drop). 32.

Pulse increases 10 pulsations, after 4 or 5 minutes (from 250th of drop). 35.

Pulse, which in course of a walk, rose to 100, decreases to 90; (from 250th of drop). 35.

Pulse increases at first, then decreases, and finally rises again. 35.

Pulse 80; after 7 minutes, 88; after 10 minutes, 80; after 12 minutes, 76 and irregular; after 14 minutes, 74; after 16 minutes, 74; 17 minutes, 72; 18 minutes, 73; 20 minutes, 75; 22 minutes, 74; 24 minutes, 73 and throbbing of heart; 26 minutes during motion of body, 74; 28 minutes, 75; 30 minutes, 72; 32 minutes, 74; 34 minutes (body reclining backward on a chair), 69; 40 minutes, 69; 42 minutes, 72, on rising up; (from 125th of drop). 36.

Pulse, 80; after 3 minutes, 87; 6 minutes, 83; 9 minutes, 80; 11 minutes 85; 12 minutes, 75; 15 minutes, 70; (from 60th of drop). 36.

Pulse, 70; after 2 minutes, 79; 5 minutes, 79; 8 minutes, 71; 11 minutes, 70; 15 minutes, 73; 18 minutes, 74; 22 minutes, 76; 25 minutes, 73; 28 minutes, 71; 30 minutes, 68; 34 minutes, 67; 36 minutes, 77; 45 minutes, 67; (from 60th of drop). 36.

Pulse, 70; after 1 minute, 76; 2 minutes, 80; 4 minutes, 80; 6 minutes, 78; 9 minutes, 78; 11 minutes, 74; 13 minutes, 73; 15 minutes, 72; 19 minutes, 72; 21 minutes, 71; 23 minutes, 77; 26 minutes, 70; 28 minutes, 68; 30 minutes, 68; 32 minutes, 67; 48 minutes, 71; 50 minutes, 68; 60 minutes, 66; (from 50th of drop). 36.

Pulse 88; after 5 minutes, 84; 10 minutes, 84; 15 minutes, 84; (from 250th of drop). 36.

Pulse increased from 20 to 35 pulsations a minute (from 1000th of drop). 37.

Pulse increased 20 pulsations (from 1000th of drop). 37.

Pulse rises from 80 to 120, later it decreases. 38.

Pulse, 65; after one minute, 90; after a half hour, 70; (from 3rd of drop). 39.

Pulse rose to 112, (from one drop). 39.

Pulse 66; after 1 minute, 124 hard; (from 1 drop). 39.

Pulse 74; after 1 minute, 76; after 4 minutes, 91; after 5 minutes, 87; after 6 minutes, 96, in standing up; after 7 minutes, 96, after having walked; after 9 minutes, 84; 10 minutes, 80, and after an hour 74 pulsations. 41.

Pulse accelerated (from 200th of drop). 42.

Pulse rose from 68 to 76 (from 160th of drop). 42.

Pulse rose from 68 to 100, fuller (after 4 minutes, from 50th of drop). 43.

Pulse 88 after 3 minutes; 100 after 4 minutes; 80 after 10 minutes; (50th of drop). 46.

Pulse rose after 2 minutes, from 64 to 84; after 8 minutes, 72; after 30 minutes, 52; (from 50th of drop). 45.

Pulse, 88; after 3 minutes, 104; after 10 minutes, 89; (from 50th of drop). 47.

Pulse, 65; after 3 minutes, 125; (from 25th of drop). 48.

Pulse, 70; after 4 minutes, 100; (from 100th of drop). 49.

Pulse, 68; after 2 minutes, 128; (from 250th of drop). 50.

- Pulse, 65; after 5 minutes, 120; (from 130th of drop). 53.
Pulse rose from 76 to 120 (from 250th of drop). 55.
Pulse rose from 65 to 104, after 1 minute; normal, after 15 minutes (from 50th of drop). 56.
Pulse rose from 80 to 110, after 37 seconds (from 1000th of drop). 57.
Pulse rose from 72 to 94; shaking the head, increased its quickness (1 minute, 100th of drop). 58.
Pulse rose from 80 to 120 (after 3 minutes from 50th of drop). 66.
Pulse, 68; after 1 minute, 73; after 3 minutes, 79; after 5 minutes, 79; after 8 minutes, 77; after 10 minutes, 74; after 12 minutes, 69; (from 200th of drop). 70.
Pulse, 88; after 30 seconds, 100; after 4 minutes, 97; (from 200th of drop). 71.
Pulse decreases 10 to 20 (after several minutes). 76.
Pulse rose from 85 to 112; at the same time, throbbing of the carotids and arteries of the head (after several minutes, from 1st dilution). 73.
Pulse irregular; sometimes faster, other times slower. 76.
GENERAL SENSATION.—Throbbing throughout body, especially the head. 76.
Whilst lying down, feels throbbing of arteries throughout the body (from 50th of drop). 40.
Exhaustion (fainting?) immediately (from 20th of drop). 6.
Attack of exhaustion, as if intoxicated. 76.
Sensation as if he were about to faint; is obliged to sit down and rest his head; profuse sweat bathes the face and chest (after 37 seconds from 1000th of drop). 57.
Clothing inconveniences him; he is obliged to remove his coat and cravat (after 2 minutes from 50th of drop). 41.
Sensation of general weakness (from 250th of drop). 60.
General lassitude (from 30th of drop). 36.
Sensation of weakness and trembling of limbs, as after a fright (250th of drop). 61.
Restlessness in all the limbs; he is hardly seated but he is obliged to rise again (from its preparation). 7.
Sensation as if he had been long deprived of sleep (5 minutes, 1000th of drop). 37.

Headache, general fatigue, need of sleep, unfit for labor, difficulty of thinking while writing; the same train of ideas occur to him. (The second day in morning.) 16.

PAIN IN PARTS FORMERLY BADLY BRUISED. Cured by potency C. (No proof of assertion.) 2.

Wine increases and prolongs the action of Glonoine. 42.

SURGICAL CLINIC OF THE HAHNEMANN MEDICAL COLLEGE, CHICAGO.

SERVICE OF PROF. W. DANFORTH.

(*Reported by A. E. Ingersoll, of Montana.*)

ENCEPHALOID CANCER.—Case I.

GENTLEMEN: We propose to remove the right breast of this lady, who has been suffering with pain peculiar to cancer for several months past.

This patient, Mrs. Myers, is 44 years of age, married, the mother of three children, of previous good health, with no cancerous cachexy in her family. She was first troubled with some swelling of her breast in last April, which increased quite rapidly, and in June began to pain her severely. In August, it ulcerated above the nipple, and discharged a thin fluid of a very disagreeable nauseating odor. From this time the tumor has grown rapidly, and from time to time has bled quite freely. She has not been able to sleep at night for the pain, which not only runs through the breast, but shoots down the right arm and leg, causing her intense suffering. She has taken prescriptions from various doctors, all to no purpose.

You see that the nipple is not retracted, and that the breast is not hard, but soft and elastic—that the ulcer bleeds freely, and also discharges a sanguinolent matter like meat washings, of a most intolerable odor; her pulse is 120, and has been for

some months past; she has no appetite; she has taken *Conium* and *Arsenicum*, and has had *Carbolic acid* and gastric juice applied to the ulcer, all to no purpose.

This is a case of Encephaloid Cancer, and nothing remains to be done but to cut out the breast, in the hope that she may thus obtain some respite from her sufferings, and that possibly the disease itself may be ended. You see that the axillary glands are not much enlarged, only moderately swollen. We lay her on this table, on her back, bring her completely under the influence of ether. Now we cut, first below the nipple, making an elliptical incision, and then rapidly dissect down upon the pectoralis muscles; make a corresponding incision above, including the nipple and ulcerated portion; and now you see that we can readily turn out the gland. Of course we sever the mammary arteries, and this profuse hemorrhage is from them. We shall control this by torsion, seizing the mouth of the artery, as you see, and gently pulling it out a little, we twist it about six times upon itself. This stops the flow of blood as effectually as the ligature, and has the advantage of admitting of union by first intention. Consequently, torsion should always be preferred.

We wait a while before closing the wound, to see if any more arteries spring. Sometimes there are numerous small branches that bleed freely on complete reaction. Now we approximate the parts and take a few stitches with silver wire, pressing the flaps closely upon the chest by this cotton, secured by adhesive straps. The arm is to be supported by the side, and the dressings left undisturbed for three or four days.

She should be well nourished.

STRABISMUS.—*Case II.*

Oct. 23d, 1870. Annie Clark, aged 15.

You see, gentlemen, that this young lady has a convergent strabismus of the left eye. She has had it since she was five years old; no known cause. Such cases are usually due to hypermetropia. You know that the antero-posterior diameter of the eye is too short in hypermetropia, and that the parallel

rays of light reach the retina before being focalized, and that vision is consequently indistinct. A habit of turning the eyes inward is formed, which results first in a periodic, then in a permanent squint. Cutting the internal rectus does not cure the case in this instance, but it is a step toward the cure, which I think it well to take; and then by the use of convex glasses, seek to correct and properly focalize the rays of light so that vision may be direct.

We shall not use ether here; the operation is so slight that the patient can bear it well without; and again we can better see what we are doing.

We put this spring speculum into the eye to hold the lids well apart. The patient can sit in this chair. Now we seize the ball just inside the sclero-corneal junction, with these fine toothed hooks, and hold the eye well out; then nip up a fold of conjunctiva, snip it through with these fine scissors; reach in with this small hook and pass it under the tendon of the rectus (internal), lift it up, and cut it through with the scissors. Now we will let the eye rest a minute, and you see that it still turns in too much; we must seize it again, and loosen the sub-conjunctival tissue along the tendon, for notwithstanding that we have divided the tendon, the muscle still holds the eye firmly by the connecting tissue.

We now loosen this up freely, as you see,—it has to be done,—and now again a rest of a minute. You see that the eye is now straight; we have a good result. We will bandage the eye until she gets home, and then compel her to use it about the house (bandaging the other eye for half a day at a time so that she will be obliged to use it), and when the wound has healed she must get her convex glasses.

EPIHELIAL CANCER.—*Case III.*

Oct. 26th, 1870. Hiram Dodge, aged 65. Epithelioma under right eye. This tumor is as large as a hen's egg, pointing from the face. You see that it is attached to the lower lid, that it is ulcerated, and discharges a foul ichor.

The patient has taken medicine for two years, and has been

to the Magnetic Springs for the cure of this cancer, all to no purpose. We will give him some ether and cut it out; it is the best that can be done for him; the more so, as these cases promise more than any other kind of cancer. I cut along the lower lid with care, you see; now we sweep around the tumor at some little distance from it, because it is important that we remove the very atmosphere of the disease, if possible; and here we have the tumor. Now we unite the edges of the wound with silver sutures, and dress with carbolic paste, supporting the strength of the patient well with a vegetable diet (no meat), and give him *Arsenicum* as long as he lives (or at least for a year or two), a powder of the 3d x twice a day.

LIPOMA.—*Case IV.*

Oct. 28th, 1870. Miss Lucy Brant, aged 30, (sister of Mrs. Myers, whose breast was removed for cancer). She has, as you see, a small tumor lying between the shoulder and the breast; it feels soft like a fatty growth, but it is remarkable that she has pains streaming down her arm (right arm), just such as her sister had, and she cannot sleep at night for fear that this is a cancer. We will put her under ether; and now we make an incision across the tumor, and reflect the tissue freely from the growth; and now pluck it out; it looks like a fatty tumor. We unite the wound with silver sutures, and apply carbolic paste.

GUNSHOT WOUNDS.—*Case V.*

Nov. 1st, 1870. James Hurst, aged 23. Gun exploded while loading it, taking off his right thumb, and ring and little fingers, the shot (coarse duck-shot) striking him in his right temple, and some two or three of them penetrating the outer canthus of the right eye, and lodging in the brain, causing paraplegia of left side. I shall amputate this thumb at the metacarpal articulation, and secure the arteries by torsion, closing the wound with the silver sutures. These fingers we

shall remove at the second joint, and treat his case otherwise upon general principles.

You see that we have a good deal of ecchymosis of the right eye. This results from the shock of the explosion (concussion), and it is this which may complicate the case, and render it fatal, though we hope to prevent such a result by the timely use of *Arnica* and *Arsenicum*—very potent remedies in cases like this.

CATARACT.—*Case VI.*

Nov. 8th, 1870. Mrs. Mary Kline, of Minnesota, aged 34. Mature cataract of the right eye, with one forming in the left eye. I examined this case with the ophthalmoscope last night. The pupil was dilated with atropia, and we could see the peculiar gray opacity; well marked striæ traversed the lens, with all the appearance of a well matured cataract. The patient can discern light from darkness with this eye, else we should not operate. Loss of vision occurred about eight months ago.

In this case we propose to remove the lens by the *Peripheric Linear Extraction* of Von Graefe. We bring her under the influence of ether, in the recumbent posture. One assistant elevates the upper lid; another seizes the tendon of the inferior rectus, and fixes the eye so that it looks a little downward. Now by the clear light of this amphitheater, you will be able to see distinctly the steps of the operation. With this long narrow knife, I enter the eye, from the temporal side at the corneo-scleral junction of its upper third; we push the knife downward and inward, until, as you see, it has entered the anterior chamber; we now depress the handle and carry the point horizontally forward toward the nasal margin of the cornea, causing it to emerge at the limbus corneæ exactly opposite the point of entrance. We now turn the edge slightly forward and cut upward until we come to the conjunctiva, which is raised by the knife, and cut forward so as to make a little flap as you see.

Now we rest for a few moments. The aqueous humor is now discharged, and the cornea falls flat upon the iris. Now

I lift up the upper margin of the iris with this fine hook, and snip off a portion of it, thus performing iridectomy; and now again, I lacerate the capsule with this fine curved needle, taking care not to push the lens backward into the vitreous humor, or to rupture the posterior capsule; and now by gentle pressure on the lower part of the eye, the cataract is forced through the opening, and emerges very naturally from the eye. We now look for remains, portions of the cataract or shreds of capsule, and remove such with this spoon-like tractor; having done which the corneal flap is laid gently back and the eye closed, the lids fastened down by these narrow strips of adhesive plaster, this bandage of flannel placed over the eye, and the patient kept in a darkened room until union of the wound takes place. We must not forget to put a few drops of the solution of atropia in the eye every day for a week at least, to prevent inflammation of the iris.

Thus you see, gentlemen, we have concluded what is thought by many to be a very difficult operation, and yet there seems to be no special trouble about it; all that is required is a knowledge of the anatomy of the parts, the nature of the diseased condition, and ordinary mechanical skill; and I hope to learn that the graduating class of this college will be found possessed of these requisites, and not give up the whole field of ophthalmic surgery to professed oculists.

LUXATION OF THE SHOULDER.—*Case. VII.*

Nov. 16th, 1870. Dislocation of shoulder into the axilla, of a month's standing.

Michael McDermot, aged 65, fell from a load of hay, severely injuring his shoulder; his physician thought it a sprain, and applied liniment; he got no better, and comes here for relief. The signs are unequivocal; he cannot put his hand on the opposite shoulder, and at the same time bring his elbow to his side. You can feel the head of the humerus in the axilla. This is a clear case of dislocation, and we propose to reduce it by manipulation.

We will seat him in this chair, give him ether, and think

for the time being of three points only; the humerus, the scapula, and the coraco-humeral ligament. We propose to wind up the humerus on this ligament, and thereby bring the head of the bone into the glenoid fossa. We lift up the arm, it is very stiff, and requires considerable force to raise it; an assistant presses down on the acromion process; now we turn the forearm outward and backward; you think we are going to twist his arm off; we are winding it up on the ligament. Now we lift up the head of the humerus by placing our knee in the axilla, at the same time carrying the arm downward along the side, and you see the dislocation is reduced.

PROCIDENTIA UTERI OF FIFTEEN YEARS DURATION.—*Case VIII.*

Nov. 29th, 1870. Mrs. E., from Michigan, aged 46. We lay the patient on this table in the left lateral semi-prone position. You see the tumor protruding from the vulva. It is as large as a child's head. The vagina is turned wrong side out, the cervix is swollen, and looks as though it were the seat of a fibroid tumor; it is simply a hyperplasia of the parts, resulting from friction.

The uterus has protruded in this way for the past eight years, every time she stands erect without a bandage. We return it within the pelvis and introduce a very wide Sims' speculum. You cannot see into the vagina at all; the excess of membranous folds completely fills up the passage. We introduce another speculum looking toward the pubis; now you can see into the vagina a little distance. This is one of the worst cases of Procidentia that I have ever seen.

We propose to perform the operation of *Elytrorrhaphy*; it will take three hours, and we shall be obliged to take her over to Seaman Hospital to do it.

The operation is performed by cutting a strip of mucous membrane three-eights of an inch wide, on either side of the vagina, somewhat in the shape of a flat-iron; the point terminating at the meatus; the base at the cervix, and then uniting these surfaces by silver sutures, allowing union to take place, which so narrows the vagina as to sustain the

uterus in position. You see the instruments we use ; these curved scissors, of various shapes, these fine tenacula and forceps to lift the membrane with ; this retractor to push the parts about with ; these needles, small, short, curved, threaded with double silk thread, to attach the silver wire to ; this needle holder ; this shield to twist the wire through, and a variety of other instruments which enable the operator through difficulty, to bring the divided surfaces together so as to insure their union.

You see how impossible it would be to perform these operations without the Sims' speculum, and how largely we are indebted to him and to Dr. Emmet, for it and the many valuable instruments that go with it.

Mrs. E. was taken to the hospital and the operation performed with every prospect of success.

CASES IN PRACTICE.

BY JOHN MOORE, M.D.

1. Was called to see a child one year old. On the mother's side there was a most profound dyscrasia—scrofula, softening of the brain, tuberculosis. From birth to the present time the child had enjoyed, apparently, the most perfect health. The teething process was delayed, for it had no teeth, and there was no indication of such an event occurring immediately. The apparent difficulty was what seemed to be an ordinary summer complaint. It yielded very quickly to treatment, but in a few days the child relapsed ; prescribed again and again ; it was again relieved, and this relieving and relapsing continued four weeks, when I began to feel seriously alarmed for my little patient, fearing the advent of tuberculous meningitis from symptoms that were rapidly developing. At this time its mother incidentally remarked that its feet were "very dry, and smelled just like an old person's." Gave *Sil.*, 30th,

2 pills. The difficulty was removed as if by magic. In six weeks the child cut two teeth.

2. Two men fell sick at the same time with violent cholera morbus, during the very hot weather in June, from drinking freely of ice water. One of them, after eight weeks of fruitless efforts to stem the ravages of disease and drugs, was *regularly* assigned to that charnel-house from which no inmate ever returns.

Four weeks of ineffectual efforts had been spent by anxious friends and officious neighbors, when I called to prescribe for the other, whom I found so completely anaemic and emaciated that death itself would scarcely have made a change, save in the expression of the eye. Recorded the following symptoms: Tongue white; clammy taste; *restless and sleepless during the whole night, but would get an hour's quiet sleep at about six in the morning;* no appetite; bowels torpid (had been taking cathartic pills), quite free from pain; *always felt better in the morning,* aggravation commencing in the afternoon. Gave two pills of *Puls.* 200th, and blank powders. Next day reported that he felt much better; had slept well all night. Continued the powders, and on the fourth day his bowels had not moved since I had been treating him. Gave two pills of *Nux.* 30th; bowels moved in a short time with full restoration.

3. A child ten months old was sent into the country, the attending physician fearing a fatal termination from a very profuse watery diarrhoea. When called noted the following: Fever; very thirsty for water (which had been positively forbidden by the former attending physician); *restless and sleepless during whole night, with quiet sleep about six in the morning for about an hour.* Exacerbation at 3 P.M. and 3 A.M. Ordered water to drink in Allopathic doses, and gave *Aconite* at 10 A.M.; at 3 P.M. called; was informed that the child had had two quiet naps (unusual). Gave two pills of *Puls.* 200th. Called again next morning; was pleased to learn that the child had slept the whole night, only awaking at 3 A.M. for a little water, on taking which he immediately went into a quiet sleep, having his movement of the bowels at about 7 A.M.; gave no more medicine until fifth day, when

the child relapsed from eating fruit; food discharged undigested. Gave *China* 200th, two pills; complete recovery. Three days after was returned to the city, where, at last accounts, it continued to laugh and grow fat.

4. A child three years old had convulsions in the last stage of tuberculous meningitis and inflammation of dorsal portion of the spine. Had been treated Allopathically. Chloroform had been tried in vain to relieve the convulsions. Was called to see what Homœopathy could do. Found the child's face bloated and highly congested; convulsions incessant. *Bell.* 30th relieved the bloat and congestion in an hour; the convulsions intermitting with gradually increasing intervals for twenty-four hours, when a very heavy death rattle supervened, announcing the expected termination. Gave *Puls.* 200th, two pills, in an ounce of water, a few drops to moisten the tongue. The rattle ceased in a short time, and the thorax, which had been drawn anteriorly, returned to its normal position. After three hours the rattle returned; medicine given as before; rattle immediately disappeared; the convulsions and all indications of distress subsided from the first dose, and the child passed away as quietly as it would go to sleep, to the great joy of the parents. My experience in practice leads me to believe that the best palliative is the truly curative remedy, and the nearer death the higher we may go, and the smaller should be the dose.

EDITORIAL.

PROFESSIONAL CONSULTATIONS.

When a physician is in attendance upon a patient suffering from what he regards as a curable disease, and finds his efforts to give relief apparently fruitless, while the sufferings of the patient appear to increase rather than diminish, he often feels the necessity of some wise counsel to aid him, and it is undoubtedly his duty, under such circumstances, to suggest to the patient's family or friends, his desire for a consulting physician, and to recommend the calling of some experienced and well qualified member of the profession in consultation. The *necessity* for this is seen in the fact that the attending physician finds his remedies to fail of producing the desired effect, and that the chances of his patient for recovery are becoming less. In calling upon wise counsel for aid, valuable suggestions may be made, of mutual advantage to the attending physician and the patient, and the result cannot be otherwise than beneficial.

Another good may result from a consultation of this kind. The attending physician may have had a correct conception of the case, and may have been singularly accurate in his choice of remedies, and yet find himself discouraged on the account of ill success attending his administration, while the hopes of the patient have sunk in a corresponding degree. A wise and competent counsellor may take the same view of the case and approve most fully of the remedies employed. The tendency of this is to inspire the attending physician with fresh courage, and the patient with renewed hopes which, with a little perseverance, become realized in beneficial results.

A physician, of enlarged experience and good judgment, can often throw light upon the treatment of a case, which one

of less experience and observation may need, and yet there may be no clashing of opinion, and no misconception on the part of either. Light and knowledge are often gained by a free exchange of views concerning difficult cases of disease, and one of the chief uses of a conference of this kind is the combined talent and skill brought to bear on such occasions.

It is by no means requisite that a consulting physician should differ essentially in his opinion from that of the attending physician, in order to make his counsel valuable. They may agree in all essential particulars, and yet both be benefitted by conferring together, while the patient reaps the advantage.

Another advantage of consultation may grow out of the fact that the attending physician, for want of experience and observation, has made a faulty diagnosis of the case under his treatment. A competent counsellor may perceive this and make the correction to him privately, and without censure. The fruit of this charitable and liberal course of the counsellor, may be seen in the advantage that may result to the patient, as well as in the additional knowledge gained by the worthy attendant.

In order to promote the usefulness of consultations, both the attending and the consulting physician should lose sight of selfish interests; neither should be actuated by low and unworthy motives. The attending physician is less to be blamed for an error in diagnosis, or want of correct judgment in the selection of remedial agents, than the consulting physician, who would make these errors a pretext for self-laudation, at the expense of his professional brother. "To err is human," and the highly educated physician, of limited experience, justly claims the liberality and kindness of his seniors in medical practice, and when withheld, from selfish or unworthy motives, it seems to be a degradation of the honorable fraternity to which they belong.

We have known well educated practitioners to be baffled in their efforts to subdue disease for a time, who have felt the need of counsel to aid them, and trusting to the honor of professional brethren, they have sought their assistance, and in

very many cases, the opportunity has been seized for the consummation of selfish designs. This nefarious practice has done more to bring consultations into disrepute than any other. It is not, however, the honest, careful and candid physician that suffers ultimately from designing intriguers.

Not many months since we knew an instance where a highly educated and successful young physician, had candidly expressed an unfavorable prognosis concerning a case of encephalitis in a child. The family not satisfied, sent for a certain member of the profession in consultation, and when seated by the suffering child, he remarked, "the case is hopeful, and if rightly treated, the child will recover." This remark temporarily raised the hopes of the parents. The young physician was supplanted by the consulting physician, but the judgment and prognosis of the young physician proved correct, as the child died the next day. But this wise stickler for "correct treatment," concluded his relation to the case, by excusing his failure, on the ground "that he was not called soon enough."

We know another case where a consulting physician, after the decease of the patient, remarked to the mother, who was a sensible woman, "that her daughter need not have died," and insinuated that it was the fault of her faithful family physician. She was disgusted with the remark, and told him that she had no further need of his services. Cases of this kind might be cited, as occurring in every community where there is a competition among physicians, but never to the final advantage of those who lend themselves to such dishonorable intrigues.

When consulting physicians presume upon the credulity of sensible people, and whisper in under tones the incompetency of those they wish to supplant, or steal in after the hour of consultation has past, *to change the medicine*, even if the patient is convalescent, in order to show their want of confidence in the attending physician's prescription, they will surely hang upon the gallows of their own erection.

There is no surer indication of professional competency than a deference and respect on the part of a physician towards his compeers, and when one of the same stamp is

called in counsel, there is seldom any difficulty. Private differences are always laid aside in a sick room. However much two physicians may differ, or dislike each other's course in matters upon which men have a right to differ, if they chance to meet in the sick room, there is, on account of the patient and friends, a respectful and deferential bearing towards each other absolutely demanded. Sensible and competent physicians will by no means lose sight of this fact.

On the contrary, there is no better indication of incompetency, and want of professional ability, than sly, underhand insinuations, or a sneering remark, or a blustering and show, where quiet observation would do better, in a sick room. Self-conceit is not a commodity that liberalizes the mind, neither is personal spite, or contempt, a quality that ennobles the profession of medicine; and yet we find men so superficial in their attainments as to be seen through by the more modest whom they despise, claiming a superior prestige over those who have ever enjoyed, among the appreciative and intelligent, an enviable reputation for exalted talent and skill. With the weak and credulous, this pretentious bearing may have a temporary influence, but in time it becomes as a leaden weight fastened to the neck of a drowning man. When such men are called in counsel, and forget the deference and respect due to brethren of the same profession, the result is seldom beneficial to the patient, but often disastrous to the profession.

In conclusion, it may be said that professional consultations are only valuable, when the good of the patient is the question under consideration, and when both the attending and the consulting physician are bound by principles of honor to treat each other with respect, and where all personal and private differences can be laid aside. Professional broils are not necessarily public property, and it is the height of meanness to seize upon occasion for consultation to give vent to any personal spleen. It is in bad taste for any physician to declare against any professional brother among his patients, and when he does, his curses are sure to come home "to roost." It is much worse when accident or haste brings him into consultation, to seize upon the opportunity to indulge in secret

vituperation, and to try to supplant and disgrace his rival. To be useful and desirable, medical consultations should be in good faith for the benefit of the patient. The conference between the attending and consulting physicians should be mutually respectful. An effort on the part of both should be made to bring to light every favorable advantage for the patient, and there should be no side whispering of opinions not stated in the consultation, no disparaging remarks anywhere, and let every one practice upon the Divine precept, "as ye would that men should do to you, do ye even so to them."

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

Twenty-one years ago a few earnest men, lovers of the truth as maintained by Samuel Hahnemann, ventured on the experiment of establishing a representative Homœopathic College in this then new but boundless western world. Could we give to them equal and exact justice, we would write their names imperishably in letters of gold. But leaving to some able historian the pleasurable task of according their trials and successes, we can do no more than make some brief mention of the prominent events that have marked the history of this College.

Located at first in the upper story of the block on the corner of Prospect and Ontario streets, it was enjoying its second term of lectures, given to a large class of gentlemen, when without just cause or provocation, a lawless mob burst in at the door, drove out the occupants, and utterly demolished everything they could lay their hands upon. The museum, apparatus, and illustrations of all sorts, were broken and scattered up and down the streets. This sad event entailed a loss of everything the College then owned, and also a personal loss of many thousands of dollars to individual members of the Faculty.

The next year property was purchased on Ohio street, and suitable buildings erected. Here for seventeen years successive sessions were held, until the size and wants of the classes demanded better and larger accommodations. To meet this exigency, the Faculty purchased the well known Humiston Institute property, at a cost of \$35,000, and in 1868 the College was moved into its new quarters on University Heights. Heretofore this institution had depended for practical instruction upon its ample weekly clinics. But that did not meet the demand for hospital privileges. Our students and their preceptors called loudly for such advantages as a hospital only could afford. With the possession of this new property came the desired opportunity to establish a Homœopathic, surgical, medical, and lying-in hospital. It is now more than three years since the organization of the Cleveland Homœopathic Hospital. Only those who have tried it, know what it is to maintain such an institution without governmental patronage. But facts warrant us in saying that our hospital is as assured of success as any human enterprise can well be. To-day it is practically out of debt and full of patients. Its medical and surgical department is wholly in the hands of the Faculty of our College. It affords to our College classes just the sort of clinical instruction they need. Not only have we a large number of general medical and surgical cases to present, but we have been enabled quite unexpectedly to furnish our classes with creditable obstetrical clinics. Also the department for diseases of the eye and ear, has been, and is still, well supplied with patients. In regard to our lying-in department, we believe that we have fairly broken down the popular prejudice that has unfortunately been entertained concerning the giving of class instruction by the bedside of parturient patients. And the new feature of establishing ophthalmic and aural clinics, as is here done for the first time west of our Atlantic cities, gives promise of furnishing advantages that shall vie with the great hospitals of the Old World.

Another important feature in the new regime recently established by the Cleveland School, is the adoption of new methods of daily instruction. We have discarded the old worn-out

method of quizzing half an hour and lecturing half an hour. Our space forbids a full description of what we have been pleased to term "The Cleveland method" of medical instruction. Let it suffice to say that in our daily examinations we have at least four methods of testing the proficiency of our students, and among those methods not the least important is our written quiz made on neatly prepared blanks.

For the first time, we believe, in the history of any medical college, ours has offered a system of clinical prizes to students for superior attainments in making out clinical reports. At present we have offered an aggregate of \$200. We hope by this means to develop in our students this much needed faculty of correctly reporting cases that come under observation.

We are kindly offered the privilege of making these statements in the pages of this journal. We have no desire to idly boast, but we desire that the world should know that we have earnestly endeavored to be true to the trust imposed upon us. Not satisfied with what we have accomplished, we desire the performance of better deeds. In a few years more we will have completed the first quarter of a century of our history. We are proud that we have shared many of the toils and sacrifices incident to the founding of Homœopathy on the American continent. And while our school will ever remain true to the unalterable law of *Similia*, yet we hope ever to be found with the foremost in acknowledging and maintaining every essential element and principle of progress in the theory and practice of medical science.

We are enabled to present our readers with a fine cut of our College and hospital buildings. The left wing is wholly under the management of the Hospital Association, composed largely of earnest and influential women. The central portion contains our college department, and the right wing is used as a dormitory for students, many of whom, especially the lady members of the class, occupy rooms therein.

A GREAT and growing evil in the medical journalism of the present day, is the propensity for publishing all kinds of papers

without discrimination as to their utility, reliability, or practical worth. Many of these contributions are polemical, some betray a species of small generalship in the way of criticism and personality, others are transcendental and trashy, some are an unsavory re-hash of old ideas from authors whose works are within reach of all, and not a few serve up their dish of clinical experience in hot-corn style—the pathology underdone, and the treatment burned to a cinder.

On the part of the general practitioner a very natural consequence of this state of things—for which both editors and contributors are accountable—is a growing distrust of, and lack of interest in our periodical literature. There is a current impression that “it does not pay” to collect and bind and stack away in our libraries so many sheaves of straw for so few grains of wheat.

We must keep faith with our readers and subscribers. To this end it is necessary to decline the publication of a number of articles which have been sent us, and which it is not only impossible to print for lack of space, but which would not enrich our pages if they were in types.

The paper on Hydrocele is a compilation; that on Sun-stroke, too florid in style and wordy; “Who is a Homœopath,” is pharisaical and unsatisfactory, as such writings usually are. We recommend the author of the “Report of a Case of Congestion of the Vena Cava,” to a course of lectures in one of our colleges.

THE busy practitioner will thank us for the analytical review of Grauvogl, by Dr. Holcombe, contained in this issue. Other papers also, among which are those of Drs. Dake, Comstock, Hall, Burt, Lilienthal and the rest, will certainly prove attractive and acceptable. The notes from Prof. Danforth’s surgical clinic, will appear regularly in each number henceforth. The Transactions of the Chicago Academy of Medicine, will be found in their accustomed place,—a standing illustration of what an earnest and united body of physicians can accomplish. The gleanings from our exchanges—which

drop in upon our table every day—are invaluable. Briefly, we submit that, although this is not a holiday number, the JOURNAL, over whose destiny we have the honor to preside, does not deserve the title of "antediluvian."

Two things more than all beside tend to subtract from the dignity and usefulness of our branch of the profession, viz., an illiberal and intolerant bearing towards those who differ from us in their medical views; and a daily disregard of the rights and feelings of our fellows in private practice. If the heresy-hunters should betake themselves to some more honorable employment, and the marplots were to mend their manners, the wheels of progress would move more swiftly.

THE winter term of lectures, for 1870-71, in the Hahnemann Medical College of this city, was opened in the new college, as advertised, October 12th, 1870. At the present writing, December 1st, the class numbers seventy-five matriculants, who are now in regular attendance. It is composed of unusually good material, and the course is more complete and satisfactory than ever before. The new college building is entirely completed, and is in every respect a model institution. Members of the profession, from all quarters are invited to visit it, and contribute whatever they can to its museum and library.

*TRANSACTIONS OF THE CHICAGO
ACADEMY OF MEDICINE.*

IV.

NEW METHOD OF TREATING INTUSSUSCEPTION.

BY PROF. W. DANFORTH, M. D.

CASE 1. Mrs. Tucker, aged 63; spare frame, nervous temperament, was taken, August 3d, with pain in the bowels, so severe as to induce her to send for Dr. Jones, who gave her the usual dose of morphine, with the assurance that all would be well in the morning. The next day, Dr. J., was sent for again, to further the cure by settling the stomach, and arresting the colicky pains which still continued. Thinking that she was suffering from biliousness, Dr. J. gave her 20 grains of calomel, to be followed by castor oil every three hours until the bowels moved.

The next day Mrs. Tucker was worse; she had vomited every thing that she had taken. Dr. J. now determined to move the bowels by injection. Accordingly he gave her soap-suds, salt-water, turpentine, etc., varying the amount and frequency until toward evening, having given in all about 20 injections, failing utterly to secure an action of the bowels. Counsel was called, and it was determined that the patient was suffering from obstruction of the bowels, which could be removed by large doses of opium; accordingly opium was administered during the two following days, without in the least mitigating the sufferings of the patient or moving the bowels. Another consultation followed, at which it was determined to give large portions of quicksilver, which in turn gave no relief. Then followed other remedies, injections, etc., until the 20th of the month, Mrs. Tucker, meanwhile, getting

"nothing better, but something worse," when I was called in to see what might be done for her relief.

I examined the case carefully. It was now 17 days since the attack, during which time she had suffered almost every hour with nausea, and pain in the bowels; she had taken everything; the doctors had done everything, and had abandoned the case as hopeless.

I found the abdomen flat, with the exception of a swelling in the left hypochondriac region (apparently an intestinal tumor), about the size of a tea-saucer, resonant on percussion; pulse 110; tongue dry and heavily coated; urine scanty and high colored; great debility; there was no hernia. Regarding the case as one of Intussusception, I was at a loss to know how to remedy it. She was too feeble to bear an operation with the knife—of medicine she had already taken too much. Finally, it occurred to me to make a soda fountain of the rectum, allowing the gas to untie the knot.

I revolved this idea in my mind over and over again; there seemed no other way of escape from a fatal result. I proposed the plan to her friends, stating that the practice was new, so far as I knew, original; that it was not free from danger, as the intestine might be ruptured by it; but that it promised relief, and was the only remedy I could suggest.

Consent was obtained. I dissolved about an ounce of the bicarbonate of soda, in half a pint of warm water, and injected it into the rectum; then I injected about a tea-spoonful of tartaric acid in half a cup of water. *Instantly* she screamed with pain, and the contents of the rectum were discharged with force into the bed-pan, but nothing more passed. I was now more perplexed than ever. Should I increase the strength of the mixture, and retain it by pressure on the anus? If so, would it not rupture the intestine?

Finally, I injected about an ounce and a half of soda in a pint of water, and followed it by a dessert-spoonful of tartaric acid in a cup of water.

Instantly again she was in pain. I pressed a folded napkin securely against the anus, at the same time kneading the abdomen; the gas was generated in great abundance, quickly

distending the abdomen, running through the obstruction and coming out of her mouth. I now removed my hand from the rectum, when a most profuse movement of the bowels occurred.

The tumor in the left hypochondriac region disappeared. The patient was suddenly and fortunately cured of the intussusception. She had no subsequent pain or nausea, and recovered from the debility without any incident of special consequence. *

I have reported this case circumstantially and somewhat at length, because I think it one of unusual interest.

CASE 2. John Hartman, a stout German, had suffered from obstruction of the bowels eleven days; had taken numerous remedies; was attended by Dr. Harwood, who, among other things, had given him over fifty injections.

I was finally called to him about noon on the eleventh day; found him lying on his back, suffering considerable pain; he had vomited frequently; abdomen full; no special tumor; pulse 100. He was anxious for relief, and wanted to know if I could "make *sometings?*" I assured him that I could, and without waiting long injected about $1\frac{1}{2}$ oz. of soda. The patient not feeling any relief became fretful, and complained that he felt "*notting.*" "You say you make *someting*—you make *notting.*" "Keep still man, I make *someting now*"; and suiting the action to the word I injected about a dessert-spoonful of tartaric acid in a cup of water; quick as thought the Dutchman jumped off the bed crying out, "*Mein Gott in Himmel! Mein Gott in Himmel!*!" dancing over the floor like a crazy man; his bowels at the same time moving freely. In a moment or two he lay upon his back blowing like a porpoise, accusing me of having killed him.

He recovered without accident or delay, and was about his usual business in two days.

These cases illustrate what has been done, and what may be done. While cases of intestinal obstruction are not frequent, they are always perplexing.

Intussusception frequently occurs among children, giving

rise to bowel derangements, but soon becoming disentangled again by normal peristaltic movements. In the adult it is rare, but frequently fatal when it occurs. Physic should never be given, as it always increases the difficulty. Hippocrates "advised injecting air into the great gut through a long tube, thereby pushing the intestine backward or upward, causing the obstruction to be undone," and from that time to this no better suggestion has been made by any of his followers. I should recommend this practice first, because if successful it is attended with less danger; but if it fails, and the question of an incision of the abdomen arises, I should much prefer the soda fountain practice, as less dangerous and promising speedy relief. I would caution the young practitioner against the use of too much soda and acid at first; better feel the way a little.

It is estimated that of every 250 deaths one occurs from intussusception.

If the soda fountain practice shall reduce this mortality (and I am confident it will), much good may yet come of it.

It may be objected that we can not tell whether the patient is suffering from intussusception, or obstruction by bands, adhesions diverticuli, or of peritoneum external to the bowel —strictures or torsion of the bowel upon itself.

To which we reply, that the soda fountain practice promises to remove the obstruction in any of these cases as effectually as though it were intussusception.

V.

CONGENITAL ABSENCE OF THE GALL-BLADDER.

By C. N DORION, M. D.

In September last, I was called to attend Mrs. B., a healthy woman, who gave birth to a female child, of an apparently healthy constitution. The labor was natural. The child did well until the third day, when she became weak and jaundiced. I did not pay much attention to the last symptom, thinking it

was the ordinary jaundice of new-born infants. But in the night she was taken with a violent attack of bilious colic. I prescribed *Nux vom., Bell., Col.*, without any apparent relief; on the contrary, she seemed to grow worse. In the afternoon Dr. R. Ludlam was called in counsel, and he advised the administration of Colocynth low, which stopped the pains for a short time. In the evening the child was as bad as ever. Seeing that nothing could stop the pains, I ordered an opiate to make her rest a little. The following day she was very weak, and every body thought that she would not pass the day; but she rallied, took the breast, and seemed improving. I was obliged to keep her somewhat under the influence of opium, at the same time that I administered the remedy I thought best on the occasion. The umbilical cord separated, and the navel healed nicely. The child was very much jaundiced, and every thing that she passed was impregnated with bile. She was nursing pretty well, however, and I thought then that she would get well after a short time. But on the 14th day, the nurse noticed that there was a little blood on the napkin; she did nothing for it, however. On the 15th, the mother saw that the blood was oozing from the navel. I was called, and examined the navel; I did not find any abrasion of the skin, through which the blood was passing. I applied tannin, also muriated tincture of iron, without any good result. The blood was thin and would not coagulate. I tried collodion, and pressure, and gave *Nitric acid* internally, also *China*, with the same unfortunate result. The child died in the night.

The case being somewhat rare, and as I suspected some organic defect, I asked for a post mortem, which was granted. I invited Profs. R. Ludlam, D. A. Colton, and my student, Mr. Ricker, to attend the post mortem.

The body was very yellow, and no external lesion was to be found. Prof. Colton proceeded to the post mortem. The umbilical vein and artery were healthy. The liver which seemed to have been the chief offender in the case was examined; it was of the natural size and consistency; but we could not find the gall-bladder, except a rudimentary one, imbedded in

the longitudinal fossa. It was a small tube of half a line in diameter, and containing three small pieces of hard matter, which being examined under the microscope, were found to contain cholesterin. Here is the specimen for the Academy to examine.

Several similar cases have been reported, some in which the gall-bladder was totally absent, and others where the biliary ducts were defective or stopped up with inspissated bile; in others no lesions or organic defects were to be found. But in all cases jaundice was very marked. All kinds of treatment have been recommended, and tried with varied success. For more clearness and precision in the prognosis, I would make two classes of these cases; including one class under the head of Active Hemorrhage, and another under that of Passive Hemorrhage. In the first class, the blood is natural, and comes from an open vessel, as in the case reported by Dr. Dewees, where he found the blood coming from the rupture of a varicose vein; it may also flow because of looseness of the ligature. In these cases we have only to re-apply the ligature, and the hemorrhage will cease, and the child be saved. In cases where there is ulceration, or a fungus growth, an application of nitrate of silver, or a ligature *en masse*, would be the best treatment. The ligature *en masse* is best applied by passing through the integuments two hare-lip pins, in the form of a cross, and twisting around them silk thread; in nearly all such cases, the child may get well.

In the second class I would include all cases similar to the one I have here reported, where the blood is thin, not coagulable, and oozes through the navel. These cases are always accompanied with jaundice, and nearly always terminate fatally. And if the physician succeeds in arresting the hemorrhage at the navel, the blood finds an exit through the mucous membrane, or the patient may die of purpura hæmorrhagica, as shown in a case reported by Dubois. Bouchu attributes the hemorrhage in these cases to a scorbutic state of the blood; other authors to an hemorrhagic diathesis similar to that we find in the adult. It is apt to happen in several children of the same parents, as has been found in New York.

Three successive children died in the same family, from this cause, the parents being healthy, and having had healthy children before and after. So there is no particular cause to which we can attribute this disease.

The hemorrhage begun on the 7th, 9th, 11th, 13th and 15th days. For these cases, as for the other, pressure and ligature *en masse* have been recommended. But it is almost useless to attempt any treatment, considering that the blood is disorganized, and passes out at the navel, perhaps because it is freshly healed, and would exude by some other channel if it were stopped there. The ligature *en masse* always occasions some pain, and I would spare that much suffering to the dying child. In the majority of cases which have been examined after death, there was absence of the gall-bladder, or of the biliary ducts, or inflammation of the umbilical vein; also pus has been found in the liver. But in all the cases, the jaundice and the state of the blood were characteristic, and these two points are sufficient for the prognosis. Of course it is hard to say to a mother that her child will die of hemorrhage, and that it is useless to try to arrest it. We may have our conviction, express it, and at the same time do all that can be done reasonably, to satisfy the parents.

Generally the children die within 48 hours after the commencement of the hemorrhage, and as yet, we have not found any medicine capable of building a gall-bladder, or a biliary duct, in so short a time.

REVIEWS OF BOOKS.

TEXT-BOOK OF HOMEOPATHY. By Dr. von Grauvogl, of Nuremberg. Translated by Geo. E. Shipman, M.D. Chicago, Ill. C. S. Halsey. 765 pages. 8vo.

When Dr. Hering read this great work of Grauvogl in the original German, he exclaimed with delight: "At last we have a Thinker!" The entire profession will indorse his opinion. A great and independent mind, richly stored with all the treasures of modern thought, and thoroughly trained in the exercise of its reasoning faculties, has brought an acute and penetrating genius to bear upon the most abstruse questions of medical science. The result is a book which, in theoretical and practical value, outweighs any contribution to our literature which has preceded it. With this volume in his hand, the tyro in Homeopathy may challenge all the Allopathic magnates in the world to a comparison of the relative scientific worth of the opposing systems of medicine.

The best aid to a just appreciation of this "Text Book of Homeopathy" would be the study of Logic. It is the greatest, and, in comparison with similar efforts, it deserves to be called the *only* attempt to apply the rules of Logic, as *instruments of thought*, to the definition of natural laws and the analysis of facts and principles. The reader will be astonished and delighted to see with what power Grauvogl wields these formidable weapons, in detecting the fallacies and exposing the falsity of certain principles enunciated by Liebig, Virchow, Wunderlich and other Allopathic oracles, and which have been accepted unthinkingly by the scientific world. His achievements here give us immense confidence in his rational and critical powers; and we follow him, page after page, with an almost severe tension of thought, assured that he will charm and instruct and enlighten us at every step. What we may call his *logical vein* runs through his entire treatment of his subject, and deprives of his reader a considerable concentration of thought. Though sometimes metaphysical and verging to obscurity, he is rarely obscure. His idea will be worth your labor to secure it. You may sometimes doubt whether this is profundity or the affectation of it, but a close consideration of the points will vindicate the man and his teachings.

For the comparisons instituted between Homoeopathic and Allopathic fundamental ideas and philosophy, this book is invaluable. Grauvogl exposes, as none have ever exposed before, the fallacy of the doctrines of Allopathy, the illogical nature of its teachings, the poverty of its resources, and the causes of the singular unfruitfulness of all its observations and

experiments. He shows that Allopathy is a continuous reiteration of primitive experiments on the sick, with no natural conception of the relations between cause and effect, but only with the constant hope and expectation of similar results from the same causes. With equal clearness he demonstrates that Homœopathy has a thoroughly scientific basis, and gives it the true and glorious definition : " *Therapeutics according to natural laws.*"

Let us take a bird's-eye view of the Grauvoglian philosophy. It will richly repay our trouble.

Belief and conviction are not knowledge. They may indeed be mere prejudices arising from the laws of mental association and the neglect of experiment. They may be *subjective opinions*, based upon the accidental degree of individual attainment. They may be fallacies, sustained and propagated by the weight of tradition and authority. It is the business of science to emancipate us from mere belief and conviction, and to substitute the positive *knowledge* of natural laws; laws which are not subjective but objective, which inhere in the nature of things, and which are only discoverable by observation and experiment.

Chemistry, Pathology, Therapeutics, all rest upon *the constancy of bodies and forces*, therefore upon *law and facts*. Theories have no place in these sciences, except as provisional aids to the mental faculties. No explanation of a fact can be given by a theory, which is always nothing but a subjective opinion. Facts are only explained by the discovery and logical statement of natural laws.

The laws of life, of health, of disease and of cure, with their relationships to each other, all obtained by deduction and induction from vast series of facts, constitute medical science. The knowledge of them will lead us to Homœopathy, which is simply Therapeutics, the crowning use of Medicine, according to natural law.

The *basic forces* of nature are *attraction* and *repulsion*, at a distance or by contact. Thence results *motion* between atoms or masses. Motion is the source of all the so-called forces, and may be presented, according to the law of equivalence, in any of their forms. The force of a body is nothing but the *cause* of the production of a *new motion* or of a *change* in some motion already existing.

The law of attraction and repulsion is, that the heterogeneous elements are attracted toward each other, and the homogeneous elements are repelled from each other. The law of atomic polarity, as seen in the polarization of light, heat, electricity, oxygen and of all chemical elements, lies at the basis of life, of health, of disease and of the Homœopathic cure.

Life has a purely chemico-physical basis. With attraction, repulsion, motion and chemical combination, Grauvogl proposes to explain all the rest. He sees no need of vital forces, dynamic forces, cell-forces, molecular forces, etc. He denounces these terms as inventions of our reflective faculties, teleological phantoms, mere problems, incomplete thoughts, subjective opinions, fruitless generalisations. Grauvogl is undoubtedly right, for in science nothing should be assumed which cannot be proven, and a needless reduplication of causes leads only to deeper obscurity.

Dr. Hempel, in his review of Grauvogl in the *American Homœopathic Observer*, objects strenuously to the austere manner in which the latter dismisses the dynamism of Hahnemann and some of his followers. Dr. Hempel recognizes the connection between the grand spiritual philosophy of Swedeberg and Homœopathy, and so do we. But we think that natural and spiritual truth, natural and spiritual forms and forces, exist on separate and discrete planes of creation, and can never run or be transmuted into each other. Grauvogl is right in working away on the physical or scientific plane just as if there was no spiritual force on the other side of it. When he gets at the *facts* of nature, he will have furnished us, unconsciously to himself, the best basis for our spiritual doctrines. He and Hempel are like the two knights who quarrelled whether the shield was gold or silver, when it was gold on one side and silver on the other.

The primary vital form is not the organic cell, but the vitality lies farther back, in the manifold substances of which each cell is composed. There is no simple cell. The simplest is vastly compounded. The atomic arrangement or molecular constitution of the minutest cell is as great a mystery as the highest organization. No cellular pathology can be final, for the cells are not the ultimate elements of life. The real elements are altogether infinitesimal and undiscoverable.

"Nature works everywhere," says Valentin, "with an infinite multitude of infinitely small magnitudes."

The power of carrying on any formative or functional act, any organic process, does not depend upon a separate cell-force, but on the volume, form, density, and chemical constitution of the cells, and on the reciprocal actions of attraction and repulsion between the elements within and without the cell wall. Nor is the so-called elective affinity of cells any new and special force, but the operation in infinitesimal nature, of the laws of attraction and repulsion between heterogeneous and homogeneous forms.

The mechanical factors of the organic processes, besides density, form, volume, etc., are *capillary attraction*, which moves the nutritive fluid between the interspaces of the cells, and *osmosis*, or the passing in and out of currents through the porous membrane of the cell-wall. The motions of the enclosed and the surrounding fluid, and their chemical interchanges are more rapid the more widely they differ in chemical constitution.

All these great elementary truths, so trivial and unproductive to Allopathy, divorced as it is from nature, are of the deepest importance to the Homœopathic student.

Life is the expression, the sum total, the result of the incessant reciprocal action of the constituent parts of the body. Every part, every fragment of a part, is at the same time active and passive, and life consists not in action and re-action only, but in reciprocal action and re-action. The co-existence and community of parts in a whole necessitates a *reciprocal activity*, a balancing of effects and counter-effects, a constant alternation of mutual causes and effects, a consentaneity, a sympathy, reflex action, harmony, sense of identity, perception of individuality, unity, life!

Life, in all its complexity and reciprocity, depends upon the oxidations and reductions of the materials introduced by the mucous membranes and

skin into the organism. This constant alternation of oxidation and reduction of oxides is the chemico-physical basis of Physiology, Pathology, and Therapeutics.

The laws of life are discovered by inductions from the phenomena of life. Several of these laws it is necessary to consider, so that we may clearly understand the relationship of disease to health, and of drug-action to the cure of disease.

1st. *The Law of Reciprocal Action.*

There is always a series of twofold and opposing motions between which every organic change takes place. No substance has an individual force or motion of its own, but its properties depend upon its relations with other bodies. Every function is always excited from without. Nothing has independent life or properties of itself. All motion or change is the result of reciprocal action between at least two bodies.

The life of the organism is a vast series of *reciprocal actions*: between one apparatus and another, between one organ and another, between one tissue and another, between one fluid and another, between the cell-wall and its contents, between the ultimate chemical constituents of the body, and between the whole body and its surroundings. Physiology is the science of reciprocal organic actions. Pathology is the science of abnormal reciprocal organic actions.

The reciprocal actions vary in extent, intensity, quality, and products, with the dissimilarity of the bodies acting on each other. The atoms of oxygen lying in a mass or volume with each other are as inert as the particles of a stone. They only become active by coming into contact with widely different substances. The spermatozoon and the ovum lose their specific dissimilarity by the repeated marriage of blood relations, so that they finally become by hereditary influence so similar that they are comparatively inert towards each other. Such marriages become finally unfruitful, or the offspring are feeble and diseased.

2nd. *The Law of Specification.*

Each apparatus, each organ, each tissue, each membrane, each cell, has its *specific* reaction. Every cell has its specific diosmosis, the basis of its nutrition and of its function. It attracts certain substances, repels others, and is indifferent to still more. These specific reciprocal actions determine the incessant oxidations and reductions of tissue which constitute the chemical basis of life; they determine the secretions and excretions, the states of the capillary circulation, the phenomena of disease and the action of drugs. This is the reason why different drugs produce such vast series of different symptoms; why they seem to have specific affinities, specific lines of travel through the organism, and a specific symptomatology.

3rd. *The Law of Oscillation.*

There is an organic oscillation of the system consistent with health, and indeed a part of its health — an oscillation between a minimum and maximum of secretion and excretion, of activity and inactivity. Without molecular change, there would be the stagnation of death. Beyond certain limits of change disease must ensue. Within those limits occur the physi-

ological oscillations, whose disturbances play so important a part in pathology, and in the artificial diseases and cures produced by drugs.

4th. *The Law of Periodicity.*

Not only is there a constant oscillation between the materials and forces of the organism, but it passes from point to point of equilibrium in determinate segments of time. Hence the periodicity which is impressed upon all the organic processes. There are certain hours in the day when the pulse is fuller and more rapid, and the excretion of carbon is greater than at others. Every other day the organic activities are intensified. There are diurnal and nocturnal changes, weekly, monthly, and even annual and septennial circles or periods of physiological change; all of the utmost importance in constructing a rational Pathology or Pathogenesis.

Health depends upon the harmonic relations in which the parts of the organism stand, on the one side to each other, and on the other to its whole; and this harmony is grounded upon certain laws of proportionality, which govern not only the forms but the specific functions of the body.

"Pathology," says Virchow, "is Physiology with hindrances." Grauvogl more scientifically maintains that it is inexact and improper to draw conclusions from the domain of Physiology to that of Pathology. Disease is a specific change in the reciprocal action of the molecular constituents of the body, a disturbance, variation, aberration, which manifests itself in changes of function and nutrition.

Two things are to be considered in every disease: the *condition of the organism* and the *causes* of the disease. These, by their actions and reactions, produce the symptoms. Every disease is always a special *changed* state of nutrition and function, special to the individual. Hence, scientifically speaking, diseases are nameless, and each case must be individualized for itself. Fevers, inflammations, etc., are not definite, morbid processes to be considered separately as the causes of all the concurrent phenomena. They are only states common to many or most diseases, and are parts of the whole of some greater pathological process, to which the bodily constitution of the individual patient is the only key.

The bodily constitution, the entire organism, is first to be studied, because the individuality of the patient determines the specificity of his local diseases and their symptoms. Homœopathy, therefore, is *constitutional* therapeutics. It respects the laws of relation and reciprocal action between the organism and the pathogenetic powers of the external world; between external influences and internal counteractions.

The causes of disease are any forces or forms, imponderable agents, ferments poisons, drugs, etc., which are capable of inducing, by catalysis or otherwise, molecular changes in the chemical constituents of the body. The field of their operation is entirely infinitesimal, not on the membranes or tissues, or the organic cells, as such, but on the constituent chemical elements of the cell-walls and their contained fluids. They seldom or never act by chemical combinations. They excite new chemical combinations, but they do not combine—they act infinitesimally. In the smallest quantity they excite or force the greatest quantity of organic combinations. The

action of ferment, of miasms, of imponderable changes of temperature, electricity, etc., all prove this, and Homœopathic medicines in the highest degree of attenuation are evidently analogous powers.

The phenomena of disease are not the reactions of the system against morbid causes. They are simply *changed* states or forms of organic nutrition and function. What remains unchanged may be called the physiological residue. The changed elements constitute the pathological momentum.

How to overcome this pathological momentum is the task of a rational therapeutist. In the first place, is nature sufficient to the cure? Grauvogl affirms, and maintains with great scientific subtlety, that the self-activity of the organism can never effect the cure of a *changed* nutrition or function. It has no intelligent faculty working for specific ends; it obeys entirely the chemico-physical laws of its molecules. Intelligent purpose lies only with the ideal or spiritual forms of our life, and can never be predicated of the reciprocal actions between the molecules or the masses of organic bodies.

Diseases disappear when their causes subside or cease to act; when they are withdrawn; and finally, when they are counteracted. Spontaneous recoveries, mistakenly called nature-cures, take place when the cause exhausts itself and ceases to act, or when it is removed by the natural periodic oscillations of the organism itself.

Diseases are not cured by attacking the products of disease. Cold may remove febrile heat, but it cannot antidote the cause of the fever. If one could dissolve all the tubercular deposits in the lungs and remove them, he would be as far from curing consumption as ever. Homœopathy alone attacks the fundamental cause of all disease, which is a specific reciprocal action between the human body and morbid influences. Allopathy lops off the branches; Homœopathy strikes at the root.

Allopathy attacks the organism itself, endeavoring to force certain discharges or bring about certain results which it supposes to be critical. Grauvogl analyzes the doctrine of *crisis* with great ingenuity, and thoroughly explodes it. He shows that the so-called critical motions only indicate the extremes of oscillation, which, in the unchanged states of nutrition and function, complete within more narrow limits the motions which are called health. They are dependent on physiological laws, and necessarily accompany the pathological process. The crisis is not the cause but the concomitant of the improvement.

How has Homœopathy substituted *natural law* for this perturbing Allopathy, which is mere faith in probabilities and the constant expectation of similar results from a practice which has even now but a hypothetical foundation?

By studying drugs as *disease-producing* agents, by the proving of drugs on the healthy organism, we have discovered that drugs are causes of disease, and that they produce effects similar to those produced by other morbid causes. The principle of Homœopathy is to find the law of reciprocal action between any given drug and the organism. It never asks how such or such a substance affects this or that part of the body, but into what

reciprocal action it enters with the *entire* system. Drugs, all drugs, pervade the whole man. They evoke changes of nutrition and function in all points. They produce fever, diarrhoea, inflammations, etc. The question is what kind of fever, diarrhoea, inflammation, and with what accompanying circumstances. Homœopathy thus possesses in her drug provings a vast accumulation of *facts*, which she can utilize to the utmost by individualizing her treatment so thoroughly that from a hundred neuralgic remedies she will pick out with the greatest precision the one remedy for the case in hand.

Disease is changed nutrition. The process of healing can only depend upon the laws of nutrition. Homœopathy cures by restoring the changed reciprocal actions to their normal standard. *It is a nutrition cure.* Why perturbate and shock the whole system by exciting or depressing the functions of life by quantities of drugs, when all the organic processes are interchanges of matter, oxidations and reductions, induced by the mere presence or contact of infinitesimal portions of minutely divided ferment or exciters of change?

Drugs are subject to the laws of diosmosis within the system. The more attenuated their form within certain limits, the more certain their effects. The particles of the drug at the 10th Homœopathic attenuation are still discoverable by spectral analysis. The reciprocal actions excited by the drug are *changed* forms of nutrition and function. These changes of nutrition may be started or excited by the highest attenuation; for the action of drugs is ultimately resolvable into molecular changes of motion or rest induced upon the organism by the infinitesimal operation of chemico-physical laws.

The so-called *primary* and *secondary* operations of drugs have no such distinction in nature, according to Grauvogl. They are simply varieties of function, or series of effects, produced by the continued reciprocal action of the organism under its own laws of specification, oscillation and periodicity.

But how does a Homœopathic medicine restore the reciprocal molecular interchanges of the system to their natural standard? Only the natural stimuli—food, air, water, etc.—can produce the healthy interchanges. Why give a drug that produces morbid interchanges, and especially *similar* morbid interchanges to those already existing?

Here lies the theory of the Homœopathic cure. Grauvogl has very little to say about it. He disdains theories as subjective opinions, as mental fictions. He plants himself firmly on the scientific ground, that no theory is necessary: that *the only explanation of a fact is the statement of the natural law which underlies it.* The causes of disease, the conditions of the patient, the phenomena of the case, the drug-provings, the similarity of the symptoms, the application of remedy and dose, and the results, are all matters of observation and study; and, ignoring theoretical considerations, he advances by legitimate steps to the most fruitful induction of modern times, "*Similia similibus curantur.*"

More attached to theory than Grauvogl, we may be permitted to say, that

the grand philosophical basis which he has laid in molecular physiology for a molecular pathology and therapeutics, has enabled us to comprehend as we never did before, that the law of cure is the law of the induction of opposite polarities. There is in this abstruse subject a vast field of speculative and practical inquiry, and we regret that the learned and acute mind of Grauvogl did not exercise itself freely upon it.

The dose is to be regulated by the *law of the therapeutic equivalent* between the motions of the morbid matter and those of the curative matter. At the last analysis, in the sacred *adyta* of nature, both series of motion are imponderable, molecular, infinitesimal. Both are changes of nutrition; and drugs should never be given in such quantity as to push the organic processes or the diosmotic changes necessary to nutrition and function beyond their normal maximum and minimum of oscillation.

Such is a brief and inadequate presentation of the general principles upon which Grauvogl erects a philosophy of medicine. To appreciate the logical beauty with which his subject is treated, the richness of illustration, the fullness of detail, the amplification of ideas, the subtlety, the acuteness, the exhaustiveness of learning which Grauvogl has expended on his glorious theme, one must read and re-read this remarkable volume. It is the first serious and successful attempt to classify Homœopathy with the natural sciences, and to maintain her right to that proud position.

Grauvogl admits in practice for the present, as most of us do, the resort, in certain intractable cases, to *palliative* measures. He admits also other special laws of cure, far more limited, however, than the Homœopathic.

"In the water cure," he says, "in the movement cure and in the galvanic stream we behold three brilliant stars, which break with irresistible force through the otherwise gloomy chaos of the physiological school."

The reader will find in this volume a very full and clear analysis of the principles and practice of the School of Rademacher. It exercises far more influence over German medical thought than we had imagined. It is a curious half way house to Homœopathy; and Grauvogl takes great pains and pleasure in showing that its practice is a most valuable involuntary contribution, from alien sources, to the eternal truth of our own therapeutic law.

Grauvogl does not seem to be acquainted with the very high and highest attenuations. From the organic structure of his mind and his materialistic tendencies we are surprised that he has faith in so great a dilution as the 30th. He takes great pains, aided by mathematical calculations, to prove that there have been colossal mistakes, in fact and quantity, in estimating the strength, or rather the weakness, of Homœopathic preparations. This labor seems superfluous. The power of the 30th, reasoning from the old stand-points seems to us so incredible, that having once conceded that point, with or without Grauvogl's "molecular contractions," to make the real quantity of medicine seem greater than we thought it was, we experience no special mental difficulty in accepting the 200th or the 5000th as possessed of curative virtue.

If Grauvogl, in the first Part of his volume, establishes those great truths in their natural connection, which show that the *individualization* of the case is the chief end in theapeutics, and that it is only possible in Homœopathy; in the second Part he devotes his fine powers to the construction of pathological generalizations, and with brilliant success. He is equally fortunate in synthesis and in analysis.

Hahnemann, before him, endeavored to refer all chronic diseases to the constitutional taints of psora, sycosis and syphilis. Prof. Bazin reduces all chronic diseases to gout, scrofula and syphilis. Rademacher, by the study of etiological causes and epidemic constitutions, was led to divide all diseases into three great classes, each curable by a great typical remedy. These remedies are copper, iron and nitre. Grauvogl's attempt is more ambitious and more practical than any of these. It is nothing less than to divide the bodily constitutions of men into three great classes, each bodily constitution determining the specific diseases to which its owner is liable, and their special phenomena.

The diagnosis of these bodily constitutions is to be made upon chemical principles. The fundamental law is this: *the cause of chronic diseases is based upon the excess or lack of substances, of which the organism itself is composed*. From this basis Grauvogl reasons and observes and experiments, and deduces the existence of three typical bodily constitutions.

1st. *The Hydrogenoid Constitution of Body.* This is distinguished by hygroscopic blood or a too great proportion of water. The chronic diseases which appear under this form are distinguished as *increased processes of reduction*.

2nd. *The Oxygenoid Constitution of Body.* In this constitution the comparative want of nitrogen and carbon permit the consuming predominance of oxygen, and the chronic diseases incident to such persons are due to *exalted processes of oxidation*.

3d. *The Carbo-Nitrogenoid Constitution of Body.* This constitution is characterized by the diminished excretion of carbon and hydrogen, and the chronic diseases peculiar to it consist in *processes of retention*.

Grauvogl defines with accuracy, illustrates with clearness, and maintains with plausibility the existence, the peculiarities, the causes and effects of those bodily constitutions. The originality and the ingenuity of these doctrines are unquestionable. We have here one of the boldest and most beautiful generalizations ever offered in medical science. We cannot pass a hasty opinion upon it. It required a vast knowledge of Organic Chemistry, Physiology and Etiology to construct it, and our feeble attainments in these sciences make us diffident in pronouncing for or against its truth. We have met with nothing in all Homœopathic literature which has struck us so profound, so suggestive, so far-reaching, so practical; and still we are left with a sense of its incompleteness and of the insufficiency of the proof. It will require the co-operative labors of many minds for many years fully to verify or refute these splendid generalizations of the physician of Nuremberg.

The reader, whose casual glance at this book impresses him with the idea

that it is too theoretical and philosophical for the practical physician, will find himself greatly mistaken on a careful perusal of the numerous cases of disease reported in these pages. It is a store-house of useful information, of clinical knowledge, and of therapeutic treasures. The student who imbues his mind with Grauvogl will be better prepared to think clearly, to observe accurately, to reason soundly, and to practice successfully.

There are faults in the book: errors of doctrine, as we believe; errors of statement; inconclusive argument; hasty generalizations; evidences of too great credulity; and a dogmatic spirit in contending with dogmatism. These faults, however, are all trivial in comparison with its transcendent merit. It may not be the final Organon of Homœopathy, but it is the grandest proof yet given of the intellectual activity of the Homœopathic School.

The profession is indebted to the learning and industry of that accomplished scholar, Dr. George E. Shipman, for this very correct and beautiful translation. The typographical execution of the work is perfect, and would do credit to any New York or London publisher.

WILLIAM H. HOLCOMBE.

THE BROMIDES: Their Physiological Effects and Therapeutic Uses. By Z. C. McELROY, M.D., of Zanesville, Ohio.

This brochure appeared about the same time, in the "New York Medical Journal," that Dr. Hale's pathogenesis appeared in the columns of the *Observer*. He explains the *modus operandi* of the bromides from his ideas of the physical basis of life. He takes an entirely new and unique view of their action. "All the processes of the living body," he says, "will be reduced to the two generic totals of *nutrition and oxydation, or constructive and destructive metamorphosis*. Disease will be regarded as modifications of these two processes, and therefore generic and total: that is, at all times involving the whole organism." Therapeutic agents will in like manner be regarded not as influencing a local part of the system, but these generic totals, by "promoting or retarding" them. He does not believe in the "vital force," so-called, but he gives it another name, v. z.: form force, or that force which "gives and preserves the types and forms of organic life." There is another force—the "*formless force*."

"If the types and forms of organized tissues were always reproduced in full dynamic integrity and form, there could be neither disease nor death from disease; animal life would be perpetual. Pathological anatomy is an account of what occurs when the form-force (so-called vital) fails to preserve form, though tissue still is constructed by the *formless* force, without the normal form. The *formless*, or organizing force is the laborer, building up! the *form-force* the architect, giving and preserving form. Over the *form as or organizing force*, therapeutic agents have some control, but the *form force* is beyond their influence. In therapeutic discussion it must, therefore, be left out entirely."

We cannot assent to this doctrine. We believe all medicines have the power of so modifying the form-force as to deviate it from a normal action, and make it to cause abnormal forms and types of organic life. The *form*

force must be superior to the *formless force*. Any medicine or morbid influence acting on the former, modifies abnormally the latter.

Dr. McElroy would make but two classes of medicines or remedial agents—

Promoters and Retarders	
of Nutrition	of Oxydation or Destructive Metamorphosis.
Constructive Metamorphosis.	

Among the promoters of Nutrition or Constructive Metamorphosis, he properly places "alcohol, the mineral acids, and the salts they form with many of the metals, as iron, bismuth, zinc, copper, etc."

The promoters of oxydation or Destructive Metamorphosis are the "fixed alkalies and the salts they form with mineral and organic acids, etc."

The bromides he places with the latter class, *i. e.*, the bromide of potassium, sodium, ammonia, iron, and mercury. The *Potassium* bromide, he says, causes a waste of *muscular* tissue. The *Soda* bromide combines with phosphoric acid, and the two combine with carbonic acid, and convey it from the capillaries to the lungs, where it is liberated and finds exit from the body. He also asserts the following, namely: that the bromide of potassium causes no thirst, even in large doses, and then the urine is largely increased (Noack says it *causes* thirst, and Caro that it *cures* thirst); that the bromide of sodium causes intense thirst; that the amount of chlorides is remarkably increased by both in the urine, as well as the total quantity of urine, and most other results of tissue metamorphosis, except *urea*.*

Some suggestive pathogenetic effects are quoted from the experiments of Surgeon Bill, U.S.A., on his own person, namely: "Variation of temperature not worth recording; acidity of urine increased; chlorides and potassa excreted, largely increased; bromides in urine hardly detectable; quantity of urine *always* increased, but without thirst; quantity of urea not affected, uric acid increased; carbonic acid increased; feces diminished in weight." Other symptoms—"Drowsiness, albumen in urine, suffocative feeling—drowsiness relieved by open air; albumen increased; great discomfort and restlessness; albumen present; fitful sleep, drowsiness, and suffocative feeling; felt ill: great lassitude; albumen in large amount."

Dr. Bill experimented with *Morphia* and *Cannabis ind.*, and the results were exactly opposite to those caused by bromide of potassium

As agents to promote waste, "the bromides act on abnormal tissues, or tissues foreign to the human body, as enlarged glands, scrofula, cutaneous eruptions, syphilitic and others, and organic matter interstitially deposited in the tissues below the normal dynamic grade of life."

"Therapeutically, the bromides are never indicated except when there is something to be wasted," but he admits that remedies which promote *constructive* metamorphosis must sometimes be used in connection.

Dr. McElroy gives several cases illustrative of the injurious action of the bromides, when they were given to patients who should not be "wasted,"

* It will hardly do, then, to give much of the bromides in *Uremia*.

and many cases when "waste" was necessary, and in which the bromides were very useful in restoring health. One of the latter class is given:

"Miss B—, very stout, fleshy, aged forty-four, takes but little exercise out of doors, suffers from shortness of breath, her breath excessively fetid, not owing to necrosed teeth; pain in her bowels and breast; frequent vomiting soon after meals; is a very dainty eater, exceedingly "nervous," rest at night very much broken; temperature and respiration barely natural, pulse below the natural frequency. In her case the following diagnosis was made: all her organic processes are performed too slow; food does not go into tissue fast enough; tissue's waste much too slow; her system, as a result, is loaded down with effete matter; but no organic changes or loss of form in any of her tissues."

To this person was given the *Bromide of potassium*, in thirty grain doses, twice a day. "At the end of six weeks was very much better; color, appetite, and general appearance better, has lost flesh and sleeps much better." (No pathogenetic symptoms?)

This brochure concludes with several propositions:

I. "That from the inherent relations of the bromides to the organic tissues and structures of the human body, their physiological and therapeutic effects must always be that of promoting destructive metamorphosis or waste—*first*, of all matter below the normal dynamic condition; *second*, of tissue or structure of type or form foreign to the human body; and, *lastly*, of the normal tissues themselves."

In this respect, however, they are far below the iodides in point of activity and value, for the iodides will cause waste of enlargements, etc., in far shorter time and more certainly than any of the bromides. How is it that patients often gain in flesh and plumpness while under the influence of the bromides? Is it because they cause waste of effete matters in the tissues, and thus allow the building up of normal tissues in their stead?

II. "They are never indicated therapeutically, except when there is matter or tissue in the body which it is desirable to eliminate from it."

This proposition sounds strangely to us, for we are in the habit of giving the *Bromide of potassium* successfully in infantile diarrhoea, when there is great waste going on. Does the bromide elect to act upon tissue which *should* be wasted, and arrest the waste of material which *should not* be wasted? How is it that the bromides will cure the discharges from various mucous surfaces? Shall we not find an explanation of this apparent contradiction in the Homœopathic law of cure? If the bromides in large doses cause waste of abnormal, and even normal tissues (pathogenetic) will it not arrest waste of normal tissues by virtue of the law *Similibus*?

III. "That they possess neither inherited nor acquired anaesthetic properties, nor hypnotic effects, as *Chloroform*, *Ether*, *Opium*, or *Cannabis indica*, which act by retarding destructive metamorphosis; but may, by promoting destructive metamorphosis of retained effete matter, be followed indirectly by anaesthetic or hypnotic effects, in the same way as the evacuation of the bladder of retained urine by the catheter."

This is directly at variance with the theory and adduced proofs of Dr. Hammond, who asserts that it causes sleep by contracting the blood-vessels of the brain.*

* *Vide Hammond on Sleeplessness.*

Will this proposition account for the effects of the *Bromide of potassium* in the restlessness, screaming, and nervousness of children suffering from cholera infantum, teething, or cerebral irritation? I have known the small dose of one tenth of a grain every hour to have this happy effect—not palliative, but lasting. What "effe matter" was carried off in such cases? It is believed by some that the irritation of the brain in cholera infantum is caused by retained urea. If the bromides do not cause an increase in the amount of urea eliminated, how do they cure irritation of the brain in such cases? We believe it acts directly on the cerebral nervous tissues, and is purely Homœopathic to such irritation.

IV. "That they are contra-indicated when nutrition is much impaired, or the rate of tissue waste more than natural, and when structural changes or loss of form, by impairing tissue of lower for that of higher organization, have impaired the dynamic integrity of the nerve masses, as in locomotor-ataxy, insanity, spinal paresis, etc."

This proposition is such as we might expect from one who reasons from an Allopathic stand-point; in other words, the bromides cause all these conditions, therefore will be injurious if given for these and similar conditions. But the Homœopathist, with a better knowledge of therapeutic processes, can say with truth, the bromides cause these conditions, therefore they will cure *similar* conditions. There are many cures recorded of insanity, chorea, and kindred diseases, by the use of the bromides. Its use in our school, according to strict Homœopathic indications, will confute this last proposition.

We look in vain for any explanation, by this writer, of the *modus operandi* of the bromides in the cure or palliation of epilepsy, or in congestion of the brain, delirium tremens, diabetes, and many other diseases in which it is highly useful.

The best that we can say of the pamphlet under review is, that it is ingeniously written, and many of its points well taken; but, as a whole, it is not reliable. The author labored under the disadvantage of reasoning from premises which are one-sided. He ignores the fact that there are therapeutic processes besides the one which he believes in, namely: *antipathic action*. His views are crudely materialistic. He does not recognize the dynamic influences which are brought about by drug-action. H.

PATHOGENESIS OF KALI BROMATUM. By E. M. HALE, M.D., Professor of Medical Botany and Pharmacology in Hahnemann Medical College, Chicago. pp. 36.

We have been favored with an interleaved copy of this pamphlet, which we regard as a valuable contribution to our *Materia Medica*. Respecting the pharmacology of the drug the author says:

"For Homœopathic use it may be prepared in two forms, namely: the tincture and trituration.

The official tincture, which I use and shall advise, is made in such a manner as to conform to the formula believed by me to be the best one to be adopted by our school.

It is a tincture in which each *minim* or drop shall contain one-tenth of a grain of the crude drug.

To nine drachms (3 ix.) of pure distilled water add fifty-four (54) grains of crude bromide of potassium. This is called the *mother tincture*. To make the dilution, add one drachm of this preparation to nine drachms of dilute alcohol (fifty per cent.) or pure distilled water. If alcohol is used for the dilution, the strong alcohol of our pharmacies should not be used until we reach the 6th dilution.

The *trituration* is made in the usual manner, after the decimal scale, by adding ten grains of the crude to ninety grains of coarse sugar of milk. In the highest triturations the fine sugar of milk may be used.

We shall not here speak of the high attenuations of this drug, because in the majority of cases the lowest preparations are most appropriate.

When we become better acquainted with the real primary effects of the drug, then we may be able to use the high potencies of it with advantage.

METHOD OF ADMINISTRATION.—In the use of the dilutions they may be prescribed in water, a few drops in a teaspoonful, or in half a glassful. The trituration, if low, should not be given dry, but always dissolved in considerable water. Globules may be medicated with the middle and higher dilutions."

One of the most marked properties of this drug—that which has, more than anything else, given it prominence in the Allopathic school—is its power of arresting epilepsy. In many cases, so long as the drug is used daily in massive doses, the "fits" will not make their appearance. But equally remarkable is the fact that it will not cure epilepsy; the attacks return immediately on the cessation of the medicine. This suggests the propriety of alternating this drug with others, which might have a curative effect, and might even be aided in their action by the palliative influence of the bromide—somewhat as is done in irregular pugilism, occasionally, where one party holds an opponent down, and a second eviscerates him.

The nervous range of this drug is very wide, and all of its symptoms—motor, sensory, and cerebral—are of the most positive and interesting character. Hitherto it has been used by our school chiefly in affections of the larynx and fauces; but these provings collected by Dr. Hale show it to be worthy of further study in connection with many nervous disorders.

R. N. F.

DR. T. S. HOYNE'S "MATERIA MEDICA CARDS."—We have received the first and second groups of these very useful and well prepared cards. The first series includes *Acon.*, *Bell.*, *Bry.*, *Chin.*, *Nux vom.*, *Phos.*, *Rhus.*, *Sulph.*, *Gels.*, and *Verat. v.*; the second series includes *Arn.*, *Curb. v.*, *Con.*, *Ignat.*, *Lyc.*, *Nat. m.*, *Puls.*, *Verat. a.* They are printed on heavy card-board, nine and a half inches long by five and a half in width, on one side of which is the name of the remedy, and on the other its characteristics. By means of these cards the physician is able to see at a glance whether any special symptom—mental, menstrual, or otherwise—is a characteristic of this or that remedy. The symptoms are arranged in the usual order, commencing with those of the mind, and terminating with generalities. To students these cards will be of great service, inasmuch as they present the chief features of each drug in a compact and readily available form, and also facilitate the work of comparison. For the same reasons they ought to prove advantageous to practicing physicians, who have not always at command the time to consult a ponderous *Materia Medica*, and to arrange its contents for comparison and study.

R. L.

OUR EXCHANGES.

In the works at the Hoosac Tunnel, in this country, the laborers have often suffered from the poisonous effects of the odor of the nitro glycerine, or dynamite, [this latter is a mixture of nitro-glycerine and amorphous silex]. The symptoms are violent pains in the back of the head and neck, which are magically relieved by the use of strong good coffee.—*Manufacturer and Builder*.

MAUDSLEY regards a certain "hereditary neurosis" as the chief factor in the production of insanity. *Lancet*. Precisely: and Hahnemann thought a kind of "psora" to be equally active in producing chronic diseases.

GREISINGER has seen cases of intermittent insanity occurring in regular tertian and quartan attacks, and cured by quinine.—*Lancet*.

The American Observer for November, 1870, quotes from the *Brit. Monthly Hom. Review* of August, a paper by Dr. D. Dyce Brown, wherein the latter speaks highly of *Humamelis* in the lowest dilutions, as a remedy for certain forms of uterine hemorrhage. It is not indicated, however, in *post partum* hemorrhage, where contraction of the womb is the immediate desideratum.

L. R. RITTENHOUSE, M.D., in the same journal, reports the cure of several cases of inflamed mouth and tongue by *Ranunculus 30th*. The key-note for the remedy is the existence of raw patches on the tongue.

DR. PROTHEROE SMITH, England, describes, in the September *Lancet*, a "pelvic band" which is designed to do the work of the voluntary muscles in labor, when these latter are weak. The proper force of these muscles is stated to be equivalent to a pressure of 523 pounds, while that of the involuntary muscles (of the womb) is only 54 pounds. Dr. Smith supposes that when the lumbo-abdominal muscles are weak, the womb alone is required to make up for the defect. Hence the delay and exhaustion of parturition among delicate women.

The Monthly Hom. Review for October, 1870, contains a very sensible editorial on "Homeopathy at the Dialectical Society." The subject has been publicly discussed at such a society in England, and the discussion calls forth some comments from the journal above named, which ought to be read, marked, and inwardly digested by our entire school.

A PHYSICIAN of Zanesville, O., writing for the *Buffalo Med. and Surg. Journal*, says: "A flexible rubber syringe is kept in my own water closet, with a jar of water, all the year round, save in freezing weather, and hardly a day passes during which it is not used:—result, no piles, constipation, or

any of their sequelæ, in my person."!! If that physician would try Prof. Danforth's soda-fountain treatment, as a daily exercise, he would probably improve his constitution still further.

THE same journal, quoting the *Med. and Surg. Reporter*, relates several cures of obstinate hiccup with mustard. A teaspoonful of the flour infused for twenty minutes in half a pint of boiling water, and taken at a draught, is about the dose. We do not know whether this is Homœopathy or not, but if it will cure a hiccup of the kind referred to, it is well for us to know the fact; for the medical profession (of the old school at least) had given up hiccup as incurable by anything but time.

J. MATTHEW DUNCAN, M.D., in the September *Lancet*, affirms that puerperal fever is not more frequent (proportionally) in hospitals than in private practice, and he brings statistics to prove it.

A FAMILY has been found in England in whom imperforate vagina is hereditary, the peculiarity having been transmitted even through the male branches.

MORPHIA, says the *Lancet*, would not constipate a man who had undergone the operation of colotomy, though the other effects of the drug were as manifest upon him as ever. That is why homœopaths have long used opium so successfully for simple constipation of the lower intestine.

GIRAUULTIUS medicus, post multa experimenta ante hos triginta duo annos incepta, effecit ut mulieres octo, semine in uterus artificiose injecto, fieret prægnantes.—*Lancet*.

THE *New England Medical Gazette* for September, gives an interesting account of the rise and progress of Homœopathy in Brazil. It was the great success of the system in the treatment of cholera, during the epidemics of 1855-6, that finally led to its full recognition and support by the government of Brazil. This latter caused infirmaries to be established for homœopathic treatment, set apart portions of hospitals for the same object, and finally introduced homœopathy into the army. The empire now contains three hundred physicians, seven pharmacies, and two colleges, all of the homœopathic persuasion.

The *Physician and Pharmacist*, quoting the *Med. and Surg. Journal* of June 2d, says that A. Weber, of Vienna, "has drawn attention to the use of *Lactic Acid* in the treatment of croup, as it has the power of dissolving fibrinous exudations." By the use of this remedy he has not lost a single case. Even in very extreme cases relief was manifest in seven hours after the application of the remedy. Twenty drops of the acid in a drachm of water were administered by inhalation repeated every two or three hours.

FIFTY grains of chloral caused a severe attack of cardiac syncope in a person to whom it was given, thus endangering life.

DR. MAYDIEU, of Argent, France, having always failed to cure ileus by the current treatment, finally succeeded in twelve successive cases by giv-

ing about half a pound of No. 5 shot mixed with four ounces of olive oil, a dessert spoonful every half hour.—*Lancet*.

We should prefer the method of Dr. Danforth, related on p. 242 of this journal.

THE *Chicago Medical Journal*, reviewing Dr. King's American Dispensatory, says that "contemporaneously with the advance of scientific medicine, the number and importance of so-called medicines are becoming wonderfully contracted;" also "that educated men trust very little in drugs." In this paragraph "scientific medicine" is used as a synonym for allopathy, the "advance" of which, if the above statement be correct, must inevitably, in due process of time, leave that system without a single drug! It will then have nothing to do but explain its past history. Nevertheless we hope for better things. The New York State Medical Society (allopathic), at its last meeting, voted in favor of a thorough study of the Eclectic medicines. One step at a time. They will study Homœopathy yet, and their "trust in drugs" properly used will return once more.

SEVERAL years ago, a Dr. P., of Lawrenceburg, Indiana, was driven by a storm and an approaching fit of asthma into a small cabin by the wayside. As the doctor rushed in, the family rushed out, because they could not endure the odor of a skunk which the dogs had driven under the cabin. The doctor preferred the odor to the asthma, and concluded to stay inside. But to his astonishment the odor relieved him, at "the first inhalation," and "in ten minutes he was free from every trace of the paroxysm." After that, he prepared an alcoholic tincture from one of the musk-bags of the animal, and a scent of it never failed to arrest promptly a threatened attack, and finally cured him wholly. It proved equally curative in other similar cases. Thus a medicine that would strangle a family of healthy persons cured a number of persons already strangled by disease, simply by inhalation.

As the *Chicago Medical Journal* (which makes the above statement) says elsewhere in the same number, "this is sheer homœopathy, call it what you please," and it is high potency at that; for the characteristic symptom of *mephitis putorius* when inhaled is threatened asphyxia, which is the precise definition of asthma. Cure asthma, indeed, by occasional sniffs at a bottle of *mephitis putorius*! How many rivers of powerful drugs have been tried in vain to accomplish the same result!

DR. DRYSDALE, in a very able paper published in the *British Journal of Homœopathy* for October, thus sums up Dr. Fletcher's views of vitality, or rather of "living matter": "Nothing is to be judged of in relation to living matter according to its chemical nature. * * * To the living matter there are no acids nor alkalies, no solvents nor constringents such as tan, no fats nor soaps, no ferments nor catalytic agents, no sugars or alcohols, no albumen nor gelatin, nor fibrin, etc. None of all things to act in the least like the way they act on dead matter."

The *Phil. University Journ. of Med. & Surg.* says that "bed-bugs, lice, crocodile dung, and many other remedies of this class, are among the most

efficient and common in use among our Homœopathic friends." The same journal also reports a case of what it calls "Paumatic structure" of the "arethra," which was preceded by "alarming genesmus." The orthography in this last sentence is quite as correct, and quite as creditable to our cotemporary, as the statement in the preceding sentence.

The *Ohio Med. and Surg. Reporter* relates two marked cures of ophthalmia, one by *Lycopodium*, 3, and one by *Arsenicum*, 200. No special indications given.

DR. ROBERT F. COOPER, in the *British Journal of Homœopathy* for October, recommends the use of honey in those diseases of the kidneys and bladder in which sugar is injurious.

DR. R. HUGHES, in a paper on Diphtheria, published in the same journal, reports fifty cases treated, and gives as his experience that *Belladonna* is frequently the specific remedy, and may nearly always be first employed; that *Phytolæcis* is useful only in mild cases; that *Muriatic acid* is the best remedy we have where toxæmia is prominent; and that for the croupal form of diphtheria we have yet no remedy. Dr. Drury lauds *Hepar sulphuris* in this disease. The *Biniodide of Mercury* is highly extolled by Mr. Engall, but only in the 1st trituration.

MILK used as an habitual drink has been found a sure prophylactic against lead colic. This has been proven by an experiment continued more than two years in a large glass factory in France. *Rev. de Ther. Med.-Chir.*
—*N. Y. Med. Jour.*

DR. BRUCE THOMPSON, of Edinburgh, has lately published an essay upon crime as a disease of a psychological and hereditary character. —*Eclectic Med. Rev.*

If crime is disease, then punishment is medicine, police regulations are sanitary measures, and the executors of criminal law are physicians.

The Dental Register advocates the appointment of dentists to the army and navy.

The Medical Gazette, quoting from the *Brit. Med. Jour.*, reports 17 out of 18 cases of snake bite cured by injecting, with a hypodermic syringe, into a superficial vein, about thirty minims of the liquor ammoniæ, B. P., specific gravity 959. This treatment, it is claimed by the originator, will rescue a patient even from a state of collapse.

IN the *Ohio Med. & Surg. Reporter* Dr. Biggar relates a case of vomiting that had persisted for over two years without relief. During all that time no solid food had been retained by the stomach, and only certain liquids were tolerated. *Grief* was the primary cause; and therefore *Ignatia* was the remedy. The 200th cured, improvement being steady from the first dose.

S. WEIR MITCHELL, in the *Medical Times*, reports the surprising efficacy of skim-milk diet in obstinate gastric and intestinal disorders. He confines his patients to this food alone for several weeks, giving about a pint daily

to commence with, gradually increasing to the full amount required by the patient, and finally returning, little by little, to an ordinary diet. The "cure" requires immense fortitude on the patient's part.

THE same journal also tells of a woman in the Philadelphia Hospital who ignorantly swallowed 460 grains of chloral at one dose! "Faradization and vigorous flagellation" saved her life.

The N. Y. Med. Journal, in its "Reports on the Progress of Medicine," gives the results of late studies of *Belladonna* and other drugs by the Allopathic school. It quotes the conclusions of Dr. Wm. T. Plant, of Syracuse, N. Y., respecting *Belladonna*, which we condense, as follows:

1. *Belladonna* and *Opium* are antagonistic and antidotal.
2. In neuralgias, epilepsy, and tetanus, the latter is occasionally most happy in its effects.
3. In whooping-cough it has more testimony in its favor than any other remedy.
4. "Its prophylactic power over scarlatina we regard as not proven, though it is a valuable remedy in the treatment of that disease."
5. "In incontinence of urine from a weakened or paralyzed sphincter, in paraplegia, and the whole train of symptoms attending irritation or inflammation of the cord, it is a medicine of the highest value."
6. It is the best remedy for the relief of habitual constipation.
7. "In its influence over the mammary secretion it stands almost alone and unrivalled."
8. In spasmodic contraction of all sphincters, and in spasmodic diseases generally, it is a most useful agent.
9. "Many morbid states of the eye are successfully treated by belladonna."

And finally the author concludes that it is worthy of being better known and more used.

The same journal then quotes from the *American Practitioner* another article by Dr. G. S. Armor bearing on the same subject. Dr. Armor says that in doses of one-fortieth or one-fiftieth of a grain, given two or three times daily, it will usually, in a short time, produce natural and easy defecation; yet, that it "does not purge," or "produce loose stools, but only renders defecation easy and natural;" that, "unlike cathartics, it is slow in its action; it may require days before perceptible effects are produced."

All of which seems to us quite natural and true, for it is in exact keeping with what Homœopathy has taught respecting *Belladonna* from the beginning until now. If the Old School will but continue these praiseworthy experiments and researches, it will certainly find that one-thousandth, and still less, of a grain of *Atropine* will produce equally surprising effects upon the functions of the body; that it will not purge, or produce loose stools, or exhibit any other of its peculiar *pathogenetic* effects, and yet will correct certain abnormal conditions of the body in an "easy and natural" manner. The writers of the articles in question certainly can not be ignorant of the fact that larger doses of *Atropine* will always produce obstinate constipa-

tion; also that *Morphine* has the same effect; and a few experiments will convince them that very minute doses of the latter drug will also cure constipation, sometimes when the *Atropine* fails to do so. Please do not stop to theorize, gentlemen, or to speculate; but keep on in the line of faithful experiment, and you will yet stand precisely where we do. You will banish purgatives from among your therapeutic agencies, as employed against constipation, because you will become able to "render defecation easy and natural" by quite other means.

The theory of Dr. Harley, that *Belladonna* "relaxes the circular fibres of all the hollow viscera," is a very nice explanation, perhaps, of the ultimate mechanical effects of the drug upon the bodily tissues, but it certainly can not be intended for a satisfactory explanation of its cure of constipation.

The same journal also condenses the report of Dr. H. Almès on the effect of *Corrosive Sublimate* in improving the constitution. The report appeared first in *L'Union Médicale*, and afterwards in the *Brit. and For. Med. Chirurg. Review*. Dr. Almès had noticed the general physical improvement arising from the use of Arsenic in small doses, and wished to test the effects of other toxic agents in the same direction. He tried tartarized antimony, perchloride of mercury, bichromate of potash, nux vomica, and other drugs, and "found all these poisons, in small doses, acting as restoratives on the nutrition, the appetite, and the strength, while the bulk of the body was increased." He found that they also protected the patient against many diseases. Dr. Almès tried corrosive sublimate in many cases, especially with children, sometimes continuing the use of the drug for a year, and "all the external signs of health" followed. The dose was from one-thousandth to two-thousandths of a gramme daily, that is to say, about three moderate sized powders of the third decimal trituration.

THE *Medical Times* recalls the fact that Dr. C. M. Fenn published a paper in 1867 on the treatment of rheumatism by *permanganate of potassa*, illustrating the subject by an account of many successful cases. The paper was widely copied. Dr. Fenn gave his medicine, however, in *raspberry syrup*, which almost instantly decomposes the *permanganate of potassa*!!

DR. SAVIOTTI, of Turin, has seen the pigment cells penetrate the capillary walls in the web of a frog's foot.—*Lancet*.

THE *Medical Times* quotes from the *Gazette Médicale* an account of an asphyxiated babe restored to life, when other means had failed, by the injection with a small syringe into the umbilical vein of a small quantity of the blood flowing from the placenta. The blood was first deprived of its fibrin by being whipped with a whalebone stick. *Post hoc* the child instantly revived.

THE *Journal of Applied Chemistry* says that there is now in the market an indelible ink (distinguishable by its brown color and ethereal odor), which produces "irruptions" and inflammations where it comes in contact with the skin. Its chief component is the oriental *Anacardia* nut.

[January,

THE Boston *Med. and Surg. Journal* relates a case of cholera in which the patient had frequent attacks of catalepsy—or passed into a state of “perfect insensibility,” from which nothing but chloroform would arouse her. *Similia similibus.*

THAT *Arsenic* will both cause and cure an eczema; that an “infinitesimal” quantity of *Atropia* will moderate a fever precisely like that which a larger dose produces; that drop doses of wine of *Ipecacuhana* will sometimes cure the vomiting of pregnancy and of gastritis; and finally, that *Aconite* in minute doses will cure inflammations, are all among the latest and most brilliant “discoveries” of allopathy. What a long list of beautiful surprises still remains in store for that antique school!

OUR exchanges report three sudden deaths from the inhalation of chloroform.

THE difference between the animal and vegetable is that the animal, when in the embryonic or egg-form, absorbs its food from within—from its yolk; while the vegetable absorbs it from without—from the albumen surrounding its germ. These diverse methods of appropriating their aliment are observed by animals and vegetables throughout their whole lives.—*Med. and Surg. Reporter, quoted by Boston Med. and Surg. Journal.*

M. CLAUDE BERNARD has shown that *Curare* acts exclusively upon the motor nerves, destroying utterly the power of motion, and leaving all the other properties of the organism intact.—*Medical Gazette.*

A DR. LORINSER, of Vienna, has been testing the virtue of the *Eucalyptus globulus* as an antiperiodic, employing a tincture made from the leaves. He reports remarkably favorable results.—*N. Y. Med. Journal; Brit. M.d. Journal.*

“A CORRESPONDENT of the *British Medical Journal*,” says the *Medical Gazette*, “speaks of sulphate of potassa as almost a specific for enlarged tonsils in children, the result of debility. It is given daily for a month or six weeks in doses of from five to fifteen grains every morning, with a small quantity of rhubarb and an aromatic.”

If the sulphate of potassa is a specific for enlarged tonsils resulting from debility, we will venture the affirmation that it will cure more quickly and safely in one-tenth (if not less) of the quantity above stated, and without the “rhubarb and an aromatic.” The object of scientific medicine ought to be to find out how small a dose will cure, not how large a dose a patient can stand.

THE larger the babies the less number of mothers die. So says M. Ville-neuve, in opposition to the general belief, the explanation being that large babies denote healthy mothers.—*Medical Gazette.*

A PROF. DE WILLEBRAND, of some place, has found that *Iodine* in about five-drop doses, every two hours, mixed with twice the quantity of iodide of potassium, is a specific for intermittents. He reports nineteen cases,

"against which," says the *New York Medical Journal*, "nothing can be said except that the success is suspiciously good."

And lastly comes the *Sulphate of Buxin* as another cure for fever and ague, and one which has also put forth remarkable claims. It is the alkaloid of the common box-wood, and has only very lately been brought into use. It has nothing to recommend it above Quinine except its cheapness, according to Allopathic therapeutics, and its possible availability where there are constitutional objections (on the part of the patient) to the use of the latter drug. All of which the *Practitioner* extracts from the *Wien Wochenschrift*, and the *N. Y. Med. Journal* from the *Practitioner*, and our own humble organ, with due deference, from the *N. Y. Medical Journal*.

THE *Medical Record* has an article on prescription writing, in which the editor declares that the great majority of practitioners confine themselves to the rut of a few formulæ which they learned at college, rather than venture out into the unknown and dangerous region of new drugs and new formulæ, and the "incompatibilities" which they may involve. The editor hopes that more attention will be paid to this matter by the colleges, so that prescription writing may not become a "lost art."

Would it not answer even a better purpose if the reform were to take quite another direction; for example, to cease using medicines in dangerous doses, and likewise to cease mixing them.

WE have to acknowledge the receipt of a pamphlet from Stiles Kennedy, M.D., of Newark, Del., calling attention to Iodoform, or Ter-Iodide of Formyle, which he praises highly for its efficacy as an application in syphilitic periostitis, chancre, boils, burns, cancer, and so forth. He also gives it internally, combined with iron, in consumption, scrofula, and sundry chronic eruptions. We should think, from the cases quoted in the pamphlet, that the drug might deserve the attention of our school.

THE *N. Y. Med. Journal* gives a minute account of a Dr. Oppenheimer's treatment of infantile diarrhoea by cold water, wrapping the child up in a wet sheet, etc., which is sometimes very good treatment indeed, and which may be "scientific" now, but was quackery a few years ago, when it was well known as "hydropathy."

THE *Boston Med. and Surg. Journal* of Sept. 22, 1870, has a long communication from a member of the Massachusetts Medical Society, maintaining the right and the legal power of that body to expel "irregulars" of all kinds, and severely reprimanding the editors of that periodical for writing in such a manner on the subject as to leave it doubtful which side they espouse. We would modestly suggest to all the "perturbed spirits" that toil so hard against Homœopathists in Medical Societies, that the true field wherein to meet, contest, and conquer Homœopathy, is in that of practice, actual practice, in the community. If Homœopathy can be beaten there, it will never need one hostile shot from Medical Societies to finish its career ; and if it succeeds there, legislation will never come to the aid of our opponents, nor will whole volumes of by-laws and resolutions have the least effect upon the ultimate result.

ITEMS AND INTELLIGENCE.

THE PRESS of other matter on our space has crowded out of this number a large mass of Surgical items, Scientific notes, and Exchange topics, for which we shall endeavor to provide more certain accommodations hereafter.

GREAT REDUCTION IN THE NUMBER OF QUACKS.—The N. Y. Court of Appeals has decided that in that State it is slander or libel to call a Homœopathic physician a quack, and has been since 1844. The result is, that a certain Dr. Carroll has paid Dr. White \$100 for the pleasure of calling the latter by that epithet. This affair will doubtless lead others to follow "suit" whenever a justifiable occasion offers; and when every such indulgence shall cost \$100, none but the very wealthiest Allopaths can afford it.

CRAWFORD VERSUS BECKWITH.—We are happy to announce that our worthy *confrère* Dr. S. R. Beckwith, has at last, after the third trial, won in the suit above named. Our readers will remember that Dr. B. was sued for malpractice in a case of fracture and dislocation which he treated. In two previous trials the verdict was against him, with heavy damages.

ERRATA.—C. H. von Tagen, M.D. writes us that his article on Staphyloplasty, in the July (1870) number of this journal was seriously injured by errors in the cuts designed to illustrate it. The instruments are incorrectly engraved, so is the palate; the numbers affixed to the instruments are wrong; and one of the instruments referred to in the article does not appear in the engraving at all. We would suggest to Dr. von Tagen that the very best way out of the difficulty, which is certainly an unpleasant one for him, would be to prepare correct drawings under his own supervision, and forward them to us. We will gladly give them a place in the "JOURNAL."

"THE OTHER LIFE."—This is a new book by Wm. H. Holcombe, M.D., just issued from the press of Lippincott & Co. We have not seen it yet, but cannot help paying our respects, even in advance, to anything that our indefatigable friend will take the trouble to write.

MAINE HOMœOPATHIC MEDICAL SOCIETY.—We have received a Circular containing the list of officers of this Society for 1870-71, the place and time of meeting, and the order of business. J. B. Bell, M.D. is Corresponding Secretary.

NEW YORK STATE HOMœOPATHIC MEDICAL SOCIETY.—We have received the advance sheets of the 8th vol. of the Transactions of this energetic Society, containing a full report of its semi-annual meeting.

LECTURES CLINICAL AND DIDACTIC.—The third number of this work is now in the hands of the printer, and will be brought out without further delay.

We have received a note from Mrs. Clara Youmans, M.D., in which she recommends, from her own experience, the use of the white of an egg, for cleansing new-born infants. We do not wholly approve of soap for this purpose, and bran is too feeble a detergent in many cases, therefore we think the suggestion worthy of trial, especially as we know that the white of egg is quite harmless, and does certainly possess rare detergative properties. Moreover, it is a case of *similia similibus*, pure and simple, as any one can see at a glance.

SPRING COURSE OF MEDICAL LECTURES, 1871.—The Spring Course of Medical Lectures in Hahnemann Medical College, Chicago, will open Wednesday, March 15, 1871, and continue for nine weeks. This Course will include three Lectures a day, besides Hospital Clinics, Recitations, etc. Fees for the Course, \$10.00. Communications shou'd be directed to the Registrar, Prof. F. A. Lord, 1155 Indiana Avenue, Chicago.

BOOKS AND PAMPHLETS RECEIVED.

FIRST ANNUAL REPORT of the New York Ophthalmic and Aural Institute.—Eighth Vol. of the Transactions of the New York State Homœopathic Society (advance sheets). — Pamphlet on Iodoform, by Stiles Kennedy, M.D. — Materia Medica Cards, First and Second Series, by T. S. Hoyne, M.D. — Galvano-Therapeutics—the Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic and Pneumogastric Nerves, by Wm. B. Neftl, M.D. New York : D. Appleton & Co. 1871. — A Treatise on the Theory and Practice of Obstetrics, by Wm. H. Byford, A.M., M.D. New York : Wm. Wood & Co. 1870. — Transactions of the Homœopathic Medical Society of the State of New York, Vol. VII. 1869. — Medicine as a Profession for Women, by Charles R. Drysdale, M.D. London, 1870. — Bumstead on Venereal Diseases. Third Edition; 1870.

JOURNALS RECEIVED.

CHICAGO MEDICAL JOURNAL, Oct.; Hahnemannian Monthly, Oct.: The Bistoury, Oct.; Journal of Materia Medica, Sept.; Nashville Journal of Medicine and Surgery, Oct.; American Eclectic Medical Review, Oct.; Dental Register, Aug.; Philadelphia University Journal of Medicine and Surgery, July and Aug.; Ohio Medical and Surgical Reporter, Sept.; Herald of Health, Oct.; Good Health, Oct.; Medical Record, Sept. 15; Boston Medical and Surgical Journal, Sept. 29; Dental Cosmos, Oct.; Medical Independent, Sept. 21; Ohio Medical and Surgical Reporter (extra), Aug.; New England Medical Gazette, Sept.; Medical Independent, Oct. 5; Boston Medical and Surgical Journal, Sept. 15; Medical Independent, Aug. 24; Medical Record, Oct. 1; Boston Medical and Surgical Journal, Sept. 22; Physician and Pharmaceutist, Aug.; Journal of Applied Chemistry, Oct.; Hahnemannian Monthly, Nov.; Steiger's Literarischer Monatsericht, Sept. and Oct.; British Journal of Homœopathy, Oct.; Journal of the Gynæcological Society, Sept.; New York Medical Journal, Oct.; Boston Medical and Surgical Journal, Oct. 13; Medical Times, Oct. 15; Medical Gazette, Oct. 1; Medical Gazette, Sept. 24; Medical Gazette, Sept. 17; Homœopathic World, Nov.; Buffalo Medical and Surgical Journal, Oct.; American Eclectic Medical Review, Nov.; Monthly Homœopathic Review, Oct.; Medical Investigator, Oct.; American Observer, Nov.; Dental Register, Oct.; Nashville Journal of Medicine and Surgery, Nov.; Medical Gazette, Oct. 22nd; do., Oct. 29; do., Nov. 5; Hahnemannian, Nov.; Medical and Surgical Journal, Nov. 3; Medical Times, Nov. 1; Boston Medical and Surgical Journal, Oct. 20; American Journal of Homœopathic Materia Medica, Oct.; Western Homœopathic Observer, Oct.; Medical Gazette, Oct. 15; Journal of Materia Medica, Oct.; do., Nov.; Medical Independent, Oct. 15; New England Medical Gazette, Oct.; Medical Times, Nov. 15; American Observer, Nov.; Monthly Homœopathic Review, Nov.; Dental Cosmos, Nov.; Medical Gazette, Nov. 12; Medical Record, Nov.; Journal of Applied Chemistry, Nov.; Boston Medical and Surgical Journal, Oct. 27; do., Nov. 10; Manufacturer and Builder, Nov.; Medical Gazette, Nov. 26; do., Sept. 3; do., Dec. 10; Boston Medical and Surgical Journal, Dec. 1; do., Dec. 8; Medical Record, Dec. 1; Medical News and Library, Dec.; Nashville Journal of Medicine and Surgery, Dec.; Monthly Microscopic Journal (London), Dec.; Hall's Journal of Health, Dec.; American Eclectic Medical Review, Dec.; El Criterio Medico (2 numbers), Nov.; New York Medical Journal, Dec.; American Observer, Dec.; Dental Cosmos, Dec.; Good Health, Dec.

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ALCOHOL:

ITS PATHOGENETIC CHARACTER AND THERAPEUTIC USES.

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III. THERAPEUTIC.

Having reached the conclusion, that alcohol is a legitimate article of *materia medica* and having seen that it exerts positive and peculiar influences upon different tissues and organs of the human body, we come now to the consideration of the third question, as to its therapeutic uses.

It might be sufficient for us to assert the law *similia*, and to say, that alcohol is capable of relieving in the sick, sufferings or symptoms, such as are manifested by its operations in the healthy.

But, though the symptoms of a disease are variously grouped, in different persons, compelling us to individualize, and to follow the groups, as they occur, and not the generic name of the disease, in our selection of proper remedies, we yet are justified, if not compelled, to gather drug symptoms into groups, to aid the memory and to hasten the work of

comparison ; and we must also affix names, more or less general, to such groups.

In our last chapter we practiced analysis, breaking up the order of alcohol symptoms, as to time or succession, and placing those belonging to the several tissues and organs in separate divisions ; and now we propose to exercise a little synthesis, bringing together in separate groups such alcohol symptoms as we often find associated in morbid conditions, which are distinguished, in works on pathology and practice, by names more or less definite.

We can not, of course, describe or name all the cases in which alcohol may be the best, or a good remedy ; but will submit enough to illustrate its value and some of its therapeutic uses.

DISEASES OF THE BRAIN AND NERVOUS SYSTEM.

INSANITY. We will not attempt to set forth here the symptoms of the cases of insanity in which alcohol should be employed. Careful reference should be had to its effects upon the mental and emotional states, upon the brain and nervous system, as well as upon the organism in general.

When properly regulated as to quantity and repetition, alcohol must prove of very great value in mental derangements. Used as a beverage, regardless of its pathogenetic powers, it has done, and ever must do, more harm than good, in cases of insanity.

INFLAMMATION OF THE BRAIN. Exalted action of the mind, especially of the imagination ; delirium, bland or furious ; flushed face ; head hot and painful ; its superficial vessels pressed with blood ; vertigo ; eyes bright, and pupils dilated ; sclerotica red with congestion ; illusions of sight ; nose red ; mouth and tongue dry and red, smooth and adhering to the teeth, or coated with mucus ; thirst ; vomiting ; cold extremities ; tremulous motions of the hands ; walk unsteady ; increased and then lessened rapidity of the pulse ; drowsiness or coma, after excitement ; urine scanty after being unusually copious.

CONGESTION OF THE BRAIN. Coming on after the symptoms detailed above, or suddenly, with coma, stertorous breathing; purple or leaden colored face and lips; entire insensibility to outward impressions; cold extremities; subsultus tendinum; cramps in the legs; agitation of the limbs; cold perspiration.

PARALYSIS. Coming on in connection with, or after the apoplectic symptoms above—partial paralysis of the legs, and of the tongue; shaking paralysis of the arms; paralysis of the muscles of deglutition and micturition; convulsions and foaming at the mouth; eyes crossed; pupils contracted—paralysis of the legs coming on slowly, with pains and a sensation of heat.

HEADACHE. Full feeling in the head; throbbing of the temporal arteries; the pain moves from the front to the back of the head and down the back of the neck; vertigo; nausea; foul taste in the mouth; foul eructations; singultus; eyes look red; double vision; flushed face; cold extremities; staggering walk; disposition to lie down, or go to sleep.

SOFTENING OF THE BRAIN. From repeated attacks of congestion—from mental over-work—too much indulgence in eating, and too little exercise.—Forgetfulness; imbecility; unsteady walk; inability to pursue mental or physical labor; restlessness and nervousness; tremulous movements of the hands; convulsions; coma.

DROPSY OF THE BRAIN. From inflammation of the brain proper, or of the meninges; from congestion, or from obstruction of the veins—squinting; dilatation succeeded by contraction of the pupils; paroxysms of great restlessness; failure of the mental faculties and of voluntary motion; profound sleep; convulsions; cold extremities; scanty urine.

EPILEPSY. Sudden failure of strength; falling; ringing in the ears; trembling; flushed face; head hot; palpitation of the heart; convulsions; deep sleep.

SYNCOPE. Sudden loss of consciousness and power of motion; suspension, more or less, of the heart's action and of respiration; pale face; cool extremities.

ECLAMPSIA. The symptoms of *apoplexy* and *epilepsy* generally characterize this disease, which occurs especially during

pregnancy. The urine is albuminous—headache, vertigo, ringing in the ears, epistaxis, palpitation of the heart, foul eructations and singultus precede the convulsions for which alcohol is a remedy.

TETANUS. Difficult swallowing; paralyzed sensation in the throat; spasmodic drawings in the muscles of the back and limbs; restless, uneasy feeling in the extremities; squinting of the eyes; startings and jerkings, as from electrical shocks; convulsions; labored breathing great nervous excitement.

HYDROPHOBIA. Dryness of the mouth and throat; extreme thirst; difficult swallowing; spasmodic dysphagia; glistening eyes; sclerotica congested; great general uneasiness; lassitude; irritability; vertigo; distress in the epigastrium; oppressed respiration; collection of mucus in the mouth; voice rough; tremors of the body; twitchings of the muscles; delirium; haggard countenance; palpitation of the heart; convulsions; coma.

BITES OF VENOMOUS SERPENTS. Local inflammation; excited action of the heart; great general uneasiness; oppressed respiration; loss of voluntary motion; twitching of the muscles; falling down; nausea and vomiting; dimness and fancies of vision; eyes red; delirium; convulsions; coma.

MECHANICAL INJURIES. The impression made upon the nerve centres by falls, blows, etc., sometimes threaten death before any agent can be employed to induce a favorable reaction. A very striking similarity may be observed on comparing the effects of a large dose of strong alcohol, thrown into the stomach, with the effects of a violent mechanical shock. In both cases there is, after the primary and brief excitement, rapid depression of nerve action and of general vitality; difficult respiration; nausea; coldness of the extremities; coma; convulsions.

EXTENSIVE BURNS. The same may be said of these as of mechanical injuries. They occasion a severe shock to the nerve centres, with a similar train of symptoms; only these are not developed so rapidly.

ASPHYXIA. Difficult respiration; distension of the blood-vessels of the head and face; red and staring eyes; loss of consciousness; coma; convulsions.

The impression upon the pneumogastric nerve, from large doses of concentrated alcohol in the stomach, is very great, and induces a condition of true asphyxia. Besides, the influence of alcohol, upon the medulla oblongata, paralyzes the muscles concerned in respiration, and so aids to induce asphyxia.

COUR DE SOLEIL. Sudden falling; redness of the face and head; loss of consciousness and power of motion; deep coma.

CLINICAL EXPERIENCE.

We can not undertake to present, here, the testimony of clinical experience, regarding all the uses made of alcohol, in diseases of the brain and nervous system. Our researches, as well as our own observation and experience, have shown us that it has been very widely and variously employed — and we may add, quite successfully employed — in many cases of insanity. Where the symptoms are similar to those of *delirium tremens*, in sufficiently small doses, it has not failed to afford a good measure of relief. The greatest difficulty in its use has been the over-dosing, the exhibition of quantities sufficient to affect very decidedly the organism, even when in a state of health. It has been very satisfactorily employed in cases where the brain has been *inflamed* and *congested*; usually selected, however, as a stimulant, with reference to the coldness of the extremities and general surface. While thus given to warm up the extremities and surface, and so to sustain the flagging forces of life, it has homœopathically and effectually grappled with the destroyer in his chosen haunts, loosening his hold upon the brain, and rolling back the crimson and warming tide to the extremities and the surface.

In like manner it has cured *congestive headache*, many and many a time, especially in dyspeptic, hypochondriacal, and nervous persons, accustomed to the use of coffee, pepper, spices, and stimulating food.

We find little or no mention of its use for *softening of the brain*. We would scarcely expect an allopath to prescribe it in that disease. But how does it come that no homœopathic writer or practitioner has ever mentioned or employed it in that direction?

No article of *materia medica* has so fully demonstrated its power to induce softening of the brain as alcohol.

Nor has it been employed to any extent in *dropsey of the brain*, a condition very often induced by alcoholic drinks.

In *epilepsy* it has never been regularly employed, although we find the ordinary symptoms of that affection portrayed in its pathogenesis.

In *syncope* it has long been in general use, mostly by inhalation or local bathing. No better remedy can be used internally in the majority of cases.

In *eclampsia*, it has been employed, especially where uterine haemorrhage has taken place, or there has been apparently a rapid sinking of vitality. As in cases of apoplexy, it has, when rightly exhibited, magnified the law *similia*, in the cure of eclampsia.

In *tetanus*, it has been very successfully employed and commended by some eminent physicians in the past, among whom we may name, Dr. Cochran, of Nevis, Dr. Wright of Jamaica, Dr. Rush, of Philadelphia, Dr. Currie, of Liverpool, and Dr. Hosack, of New York. Some of them used alcoholic liquors in connection with Peruvian bark, while others used only wine or brandy.

In traumatic tetanus the ordinary symptoms presented are very similar to those produced by the action of concentrated alcohol in the healthy organism.

In *hydrophobia*, it has been employed to some extent, but usually in combination with other agents. Its pathogenesis and the law *similia* tell us that it has no superior, if it has an equal, as a remedy for this most dreadful of all diseases.

For *bites of venomous serpents*, it has been often and very successfully used, both by the profession and among the people. While it has not cured in every case, it has, undoubtedly, been more generally successful than any, or all, other remedies.

In all countries, where poisonous snakes abound, the use of brandy, whisky, rum, arrack, wine, or other alcoholic drinks, as a remedy for their bites, is well known, and almost universally relied upon.

In *mechanical injuries*, such as received from falls, blows, concussions, etc., it has been employed, both internally and externally, and we might almost say, eternally. Half, and perhaps more, of the good effects of *arnica tincture* are due to the alcohol, when applied to the bruised surface. In severe injuries, where the shock is very great, it is very generally the remedy prescribed by all surgeons; and yet it is strictly homeopathic in such cases.

In *extensive burns*, it has also been much employed, and with very decided benefits. In a dilute form its local influence is very curative, especially when applied so as to exclude the air from the burnt surface.

In cases of *asphyxia*, it has been often used, by inhalation and rubbing, with happy results. Its moderate internal employment, in severe cases, must prove beneficial.

In *coup de soleil*, it has been used, but not as often as it should be; especially when the head is the seat of congestion.

DISEASES OF THE HEART AND VASCULAR SYSTEM.

CARDITIS. Increased heat and activity of the heart; full and uneasy feeling in the region of the heart; rapid pulse; nervousness; disordered stomach; singultus; nausea; vertigo; epistaxis; cold extremities; headache; jaundiced color of the eyes and skin.

HYPERTROPHY OF THE HEART. Sensation of fullness and oppression in the region of the heart; palpitation; nausea and faintness; inability to bear fatigue or excitement; fatty accumulations in the heart; fatty degeneration; irregular pulse; vertigo; stumbling gait; sense of fear; great nervousness and paroxysms of dyspnœa.

ENLARGEMENT OF THE BLOOD VESSELS. The great pressure upon some of the arteries and veins, caused by the excited action of the heart, as well as by the local influence of alcohol

in the blood, occasions their enlargement (aneurism, varices). There is more or less inflammation of the linings of the vessels; softening of the walls of the vessels; free globules of fat in the blood.

PURPURA HÆMOREHAGICA. Imperfect nutrition, as well as the condition of the blood vessels, mentioned above, leads to congestions, extravasations, and effusions. Capillary hæmorrhage, preceded or accompanied by foul taste, epigastric soreness, headache, vertigo, ringing in the ears, etc.

ECCHYMOSIS. Extravasated blood under the skin or mucous membrane, from a contusion, at first hot and red, and then cold and purple.

HÆMORRHAGES. From the known effects of alcohol upon the heart, and blood vessels, exciting the former and enlarging the calibre and softening the walls of the latter, it is not strange, that it induces and, when rightly used, likewise relieves, cases of epistaxis, hæmatemesis, hæmoptysis, hæmaturia, metrorrhagia, etc.

It is indicated in *active hæmorrhage* by flushed face, vertigo, palpitation of the heart, active congestion, cold extremities; and when brought on by violent physical exertion, contusions and concussions, or great emotional excitement.

In *passive hæmorrhage*, by general debility, weakened condition of the capillary circulation, slow loss of blood, oozing from more or less extended patches — the blood being dark, sometimes watery and of a cherry color — faintness, pallor, etc.

BLOOD DETERIORATION. Characterized by weakness of the muscular system, feeling of exhaustion, restlessness, nervousness, palpitation of the heart, beating sensation in the large arteries, pale and jaundiced, sometimes green color of the skin, dark colored urine and fæces, weakened digestion, tendency to gangrene, deadened and scaly appearance of the skin, shortness of breath, etc.

Microscopic examination has discovered a partial destruction of the red corpuscles of the blood, in connection with the above symptoms, in cases of typhus, yellow, puerperal and other fevers. And it has also discovered a similar destruction

of those corpuscles in the blood of persons much or long under the influence of alcoholic drinks. This destruction, as we have already stated, consists in the breaking or shrivelling of the red corpuscles, in such manner as to lessen their size, alter their shape, and impart a portion of their coloring matter to the liquor sanguinis.

CLINICAL EXPERIENCE.

Alcohol has not been employed, in the common practice, in cases of *carditis* or of *enlargement* of the heart, on account of its well-known power to excite, irritate, and enlarge that organ.

And a lack of consideration of its pathogenetic influence, or a prejudice, derived from its too common use, as a beverage, has led homœopathic practitioners to pass it by, in their selection of remedies for heart affections.

In cases of *aneurism*, allopathic physicians have strictly forbidden the use of alcoholic liquors, on account of their tendency to aggravate the existing trouble.

And in cases of *varicose veins*, they prohibit their employment for similar reasons.

In proper doses alcohol should prove itself a valuable remedy in phlebitis and in all enlargements of the blood vessels.

In *purpura*, alcohol has not been employed, especially by itself, to any extent; yet the *materia medica* furnishes no remedy more clearly indicated, especially for homœopathic use.

In *echymosis*, it has been employed locally very often, not on its own account, but for the medicinal agents prepared with it, in tincture form. It has thus made reputation for many a worthless article.

Sponging with alcohol, whisky, or brandy is the best measure for the removal of extravasated blood, and the reduction of consequent swelling and discoloration.

In the various forms of *haemorrhage*, it has been employed for many years, and by all kinds of practitioners. It has been

used in all conceivable combinations, in all forms and quantities.

In *epistaxis*, it has usually been prescribed only to meet the debility resulting from considerable loss of blood. It should be taken, in proper quantity, in the earlier stages of that affection.

In *haematemesis*, it has not been much employed, although it exerts a most decided influence upon the lining membrane and blood vessels of the stomach, whence the haemorrhage occurs.

In the milder doses, prescribed by homœopathy, it is one of the most clearly indicated, and must prove one of the most important, remedies in the *materia medica*, for that form of trouble.

It has not been used specially to control *haemoptysis*, but very often in lung diseases, where it occurs. We shall have more to say on this subject when we come to diseases of the lungs.

In *metrorrhagia*, it has been employed often, and nearly always to excess. Some allopathic writers recommend its being poured down till the stomach rejects it, in cases where much blood is being lost. Small doses of brandy, especially when syncope is imminent, produce happy results.

For *blood deterioration*, especially in fevers, cases of dysentery, and from improper nourishment, it has been used very often, and not unsuccessfully. From facts already stated there appear the very best of reasons for its curative action. The difficulty has been, however, that it has hardly ever had, in the common practice, a fair field, being nearly always administered in connection with quinine, iron, or some other drug.

The benefits from the use of brandy, in cases of diphtheria, have been due to the homœopathic relationship: We were among the strongest opponents of its employment, till we learned its capability of inducing a deterioration of the blood, very similar to that found in cases of diphtheria, scarlatina, and other putrid affections.

But we would warn those who prescribe it, to be particular

about the size of doses, or they may find it doing more harm than good.

DISEASES OF THE LUNGS AND RESPIRATORY SYSTEM.

PNEUMONIA. Sensation of heat in the chest; quickened respiration; dry, hacking cough; collection of mucus in the air passages; bloody expectoration; haemoptysis; dyspnoea; headache; vertigo; tinnitus aurium; flushed face; jaundiced color; nervousness; constipation, or small, dark, loose stools; delirium; palpitation; nausea; dry or foul mouth and tongue.

CONGESTION OF THE LUNGS. Dyspnoea; short cough; flushed or purple face; vertigo; headache; cold extremities; collection of mucus or blood in the air passages; bloody expectoration; anxiety; delirium; tremulous motion of the hands; sudden prostration.

ANGINA PECTORIS. Aching and pressure in the chest, behind the sternum; dyspnoea, sudden and severe; palpitation of the heart; flushed and then pale face; great anxiety and fear; cold extremities; empty eructations; sudden weakness.

PHTHISIS PULMONALIS. When the disease is the result of acute pneumonia, or of congestion, the symptoms of those affections, already given, should be considered. The following are the chief indications for its use:—vertigo; face often flushed; bright, sparkling eyes; dry mouth and thirst, or foul taste; hoarseness; dry cough, or cough with mucus or bloody expectoration; haemoptysis; dyspnoea; congestion and splenization of the lungs; debility; weakness of the knees, and unsteady walk; tremulous hands; variable mood; bowels constipated, or at times loose, with small, dark stools; delirium; variable appetite.

CLINICAL EXPERIENCE.

Very little use of alcoholic liquors has been made in cases of *pneumonia* and *congestion of the lungs*. In the latter they have been employed to overcome the debility and sinking

manifested in the last stages. But curative effects may be obtained as much, if not more, by their use in the irritative and active stages of those affections.

And the same may be said of *angina pectoris*, the symptoms of which alcohol covers most completely. Its influence upon the oesophagus, stomach, heart, and lungs, presents an almost exact image of that affection.

For *phthisis pulmonalis*, alcohol has been employed in almost every possible form, and not without some good results. Its benefits have been sufficient to call out various theories, regarding its special influences upon the organs of respiration, and to make many persons exceedingly enthusiastic in its favor as a grand "cure-all" for consumption.

The blind and excessive use of alcoholic drinks in lung affections, has hastened many a one to the grave, who might otherwise have recovered, or have lived on for years; and not a few has it laid in the drunkard's grave.

Alcohol, on account of its power to irritate the mucous membrane of the air passages, to congest and splenize the lung, to occasion haemorrhage and impair nutrition, can but exert a very decided influence upon all the respiratory apparatus, both as to structural states and functional operations. It may be beneficially employed in the first or last stages of consumption, and in either the catarrhal or tubercular form. But the doses must not be too large or too often repeated — certainly it must not be *poured down*, in large draughts of brandy or whisky.

Most of the good effected by pulmonic syrups, and nostrums of various kinds, has been due to the alcoholic liquors with which they were chiefly prepared.

DISEASES OF THE DIGESTIVE AND NUTRITIVE ORGANS.

CLERGYMAN'S SORE THROAT. A condition consequent upon indigestion, acidity of the stomach, and irritation of the oesophagus and pharynx — exhibiting redness, dryness, and heat in the throat; collection of mucus in the pharynx; granulations on the back wall of the throat and base of the

tongue; soreness in swallowing; paralyzed feeling in the muscles of the throat, hoarseness; acidity of the stomach; foul taste; eructations of wind or ingesta; headache; vertigo; constipation of the bowels; nervousness.

INFLAMMATION OF THE CÆSOPHAGUS. Burning sensation back of the sternum; soreness in the cœsophagus, felt soon after swallowing rough solid food, or drinking very hot or cold liquids; sensation as of something lodged in the cœsophagus; feeling of stricture preventing the free belching of wind from the stomach; mucus or blood brought up by strong efforts to belch or vomit.

INFLAMMATION OF THE STOMACH. Sensation of heat, pain and soreness in the epigastrium; foul eructations; nausea and vomiting; singultus, worse in the mornings; smooth, red tongue, or yellowish coated; thirst; fullness in the epigastrium after eating; flushed face; headache; vertigo; palpitation of the heart; constipation, or tar colored, loose stools. *When these symptoms have existed for a long time, the disease is called CHRONIC, and other troubles develop*—thickened mucous membrane; epigastric soreness, greatest after eating; general debility; nervousness; depression of spirits; restless and unrefreshing sleep; unsteady step; tremulous hands; short, dry cough; haematemesis.

DYSPEPSIA. Craving hunger, or entire loss of appetite; foul or acid taste and eructations; belchings; epigastric tenderness and distension; palpitation; tongue white coated, or red and dry; rough feeling in the throat; irritable or melancholy mood; great vivacity and again dullness of mind; sleepiness in day time; nervousness and strange fancies; headache and vertigo; heart-burn.

DIARRHœA AND DYSENTERY. Sensation of heat in the abdomen; pain in the abdomen; loose stools after, or in alternation with, constipation; small, dark colored stools; bloody stools; clay colored stools; nausea; foul taste and eructations; singultus; cold extremities and hot head; vertigo; thirst; vomiting.

INFLAMMATION OF THE BOWELS. Heat, pain, and soreness in the abdomen; face flushed; pulse excited; feet cold;

thirst; nausea and vomiting; constipation, or tar colored, loose stools; nervous excitement; red tongue.

INFLAMMATION OF THE LIVER. Unusual activity of the liver, with dark, loose evacuations—then torpid state of the liver, with jaundiced eyes and skin; pain and soreness in region of the liver; heat and weight in the liver; nausea, foul taste and vomiting; head feels dull and heavy; bowels constipated; clay colored stools; singultus; restlessness; tongue yellow coated; urine high colored.

ORGANIC AFFECTIONS OF THE LIVER. After, or in connection with, the liver symptoms just given—more enlargement of the liver; tenderness and want of action; the edges of the liver are thickened and obtuse; fatty liver; nutmeg and granular liver.

CLINICAL EXPERIENCE.

Very little use has been made of alcohol or alcoholic liquors in throat affections, except, as we have already mentioned, for the debility accompanying or succeeding diphtheria, scarlatina, etc. But its influence upon the mucous membrane, and muscles of the throat and upon the pneumogastric nerve, should make it a valuable remedy for *Clergyman's sore throat*. And it should likewise be an important remedy for *inflammation of the æsophagus*, both on account of its local and its general influence.

In cases of *acute gastritis*, it has ordinarily been very strictly prohibited; but under the law *similia*, in proper doses, it should prove curative in that affection. For *chronic gastritis* and *dyspepsia*, it has been employed very extensively, and in all forms and combinations, and not without some good results. The very common use made of pepper, mustard, ginger, and other heating and irritating substances, has given rise to a form of stomach disease, very similar to that produced by the drinking of alcoholic liquors. And so also has the overworking of the brain and nerves, and the consequent inefficient action of the digestive powers, led to a chronic irritation of the stomach. For such conditions,

brandy, whisky, wine, beer, and a thousand combinations of them, have been used — often successfully, and often with most sad results. The doses have been too large, too frequent, and too long continued. The dyspeptic has been too often converted into a drunkard — the moralist into a debauchee — and the slightly indisposed into a hopeless maniac, or life-long invalid.

We can not pass this point without pausing to notice the innumerable “*bitters*” — made out of inferior whisky and a multitude of drugs — of domestic origin, or sent out under the seal of Letters Patent, endorsed by clergymen, and used by hundreds and thousands of public temperance people, “*for the stomach's sake.*”

All these bitters contain more or less alcohol, and hence, in many cases, prove beneficial. But the good results would be much greater without the sickening drugs, and with a proper discrimination in cases, such as should be practiced in the selection of all remedies.

In some instances brandy and whisky act finely in the cure of dyspepsia, particularly when that affection is based upon a chronic inflammation of the mucous membrane of the stomach. But in most cases, especially of *American dyspepsia*, where the brain and nervous system are worked too hard and there is lack of proper muscular exercise, our native wines offer the best remedy. We shall have something to say of them in our *supplement*.

In cases of *diarrhœa*, brandy has long been a very common remedy; and from its pathogenesis, we may readily learn why it has some reputation for success.

For *dysentery* it has not been so often prescribed, except as a stimulant or tonic in the stage of exhaustion and sinking.

In acute inflammation of the *bowels* and *liver* alcoholic liquors have, usually, been prohibited.

In chronic affections, especially when attended with debility, they have been used to some extent.

Where functional and organic diseases of the liver have resulted from high living — stimulating food and condiments — and too little physical exercise; or from miasmatic or

medicinal causes — alcohol, in some of its simple forms, must prove a most valuable remedy — not when taken by the glassful, but in proper doses.

DISEASES OF OTHER ORGANS AND PARTS.

INFLAMMATION OF THE KIDNEYS. Increased secretion, followed by scantiness, of urine; heat and pain in the region of the kidneys; urine albuminous — high colored — bloody — burning; nausea, vomiting; coldness of the extremities; hands and arms tremulous.

ORGANIC AFFECTIONS OF THE KIDNEYS. After, or in connection with, the above kidney symptoms — increased soreness, fullness and weight in the region of the kidneys; general anaemic condition; tendency to dropsical effusions; fatty degeneration; Bright's disease.

INFLAMMATION OF THE BLADDER AND URETHRA. Urging to urinate often; heat and pain in the bladder and urethra; discharge of mucus; urine copious and then scanty, sometimes bloody; paralyzed feeling in the bladder; retention and again incontinence of urine.

INFLAMED EYES. Congestion of the vessels of the sclerotica, also of the margins and linings of the lids; pupils dilated — afterward contracted; collection of mucus in the eyes (catarrhal inflammation); double vision; illusions of sight; granulations on the margins of the lids; vertigo; flushed face; headache; sleepiness; indigestion.

ERYSIPelas. Redness, heat, swelling of the skin of the nose, eyelids, or face; inflammation from a scratch or cut; with vertigo, headache, delirium, nausea, etc.

PRURIGO. Itching, flat papulæ, discharging water — spreading and forming a crust; indigestion; foul taste and eructations.

ULCERS. Superficial or deep-seated, especially on the lower part of the legs and in connection with varicose veins.

BILIous FEVER. Hot skin; thirst; tongue red, smooth, and adhering to the teeth, or coated white or brown; heat in the epigastrium; headache; vertigo; singultus; bowels consti-

pated; or dark-colored or ash-colored, loose evacuations; short, dry cough; rapid pulse; nervousness.

TYPHUS FEVER. With many of the symptoms just given — delirium; hallucinations of the senses; extreme nervousness; stupor; subsultus tendinum; sudden startings; fears; ringing in the ears; epistaxis; stammering speech; tongue seems paralyzed; unusual exhibitions of strength, or of debility and prostration. When the chest is more the seat of irritation there is also — short, dry cough; difficult respiration; palpitation of the heart; bloody expectoration; flushed face. Or when the abdomen is the seat of irritation there is — abdominal heat and tenderness; constipation, or dark, loose evacuations; pain in the bowels; fullness of the abdomen; urine scanty and high-colored; haemorrhage from the bowels.

GOUT. Redness, soreness, and acute pain in the toes; pains in the limbs; thirst; feverishness; flushed face; headache; vertigo; foul taste and eructations.

CLINICAL EXPERIENCE.

Alcohol has acquired no reputation for curing, but a very distinguished one for inducing, disease of the *kidneys*. Many cases of organic disease have been traced directly to its use, in various forms as a beverage, and hence it should prove a valuable homœopathic remedy, in *Bright's disease* and *fatty degeneration of the kidneys*, in proper doses.

It also affects both the mucous membrane of the bladder and its muscular structure; and must prove valuable in catarrhal inflammation, and paralytic troubles of that organ.

We do not learn that alcohol has been employed in the treatment of *eye affections*, although it has, thousands of times, demonstrated its power to inflame the membranes and impair the power of those delicate organs. Used in a mild form externally and internally, at the same time, it should cure many cases of catarrhal inflammation, also of *erysipelatous*.

In cases of *erythema* and of *erysipelas* of the skin, especially of the face, nose, and scalp, used externally and internally, in

proper quantity and at regular intervals, it should prove curative.

Indolent *ulcers* especially after *prurigo*, or in connection with varicose veins in the leg, are produced and should, when from other causes, be cured by alcohol.

The well-known character of alcohol, as a stimulant, for a long time prevented its employment in *fevers*, except, perhaps in the last stages, for the resulting exhaustion. But, of late years, the failure of "febrifuge" means and the great mortality in fevers, especially in hospitals and army quarters, have led to clinical experimentation with brandy, whisky, etc. And much to the astonishment of the profession, these stimulants have saved a much larger percentage of fever patients than all their antiphlogistic and reducing measures put together! Some learned professors, struck with the astounding result, and, apparently, unwilling to see "excitants" relieving *excited* conditions — fever-producing agents removing fevers — sthenic means curing sthenic disorders — have concluded that alcohol is not a *stimulant*, but a sedative, an antipyretic, and so a febrifuge. Sooner than acknowledge the control of the law *similia*, even to so limited an extent, these gentlemen have instituted experiments, in which they claim to have discovered that the primary and positive effect of alcohol is to depress vital action and reduce animal heat. Applying the thermometer after the signs of exhaustion from alcoholic stimulation, the secondary symptoms, are developed, it is not strange that they should find a degree of temperature lower than existed before their experiments were begun.

In *gastric* or *bilious fevers*, alcohol, in the form of brandy, has proved itself a valuable remedy; not alone in the stage of exhaustion, but even more, during the earlier and active stages.

If limited to a single remedy, in all such cases, we would give brandy the preference to any one offered in the *materia medica*.

In *typhus fevers*, alcoholic liquors have been much employed, to overcome the resulting debility; and, as already intimated, of late, they have acquired a pretty good character in the earlier stages as well.

In proper doses, under the law *similia*, it must yet acquire a much higher character as a febrifuge.

It has power to correct the deterioration of the blood, found in cases of *typhus*, *yellow fever*, *dysentery*, etc., possessed by no other known remedy.

In the treatment of *gout*, reducing and antiphlogistic measures were almost universally resorted to. But of late years a stimulating course has been more successful, and alcoholic liquors are regarded with considerable favor. Certainly, in the hands of the homœopathic practitioner, they must rank, when properly studied and applied, with our most important remedies for gout, affecting the feet, the knees, or other parts.

A very serious draw-back to the employment of alcoholic liquors in fevers, as in other forms of disease, has been, and yet is, their free and excessive use, socially and habitually, as a beverage, among the people. To prescribe *ten drop* doses of an article, so commonly poured down by the glassful, must seem ridiculous; especially to those, both in and out of the profession, who have not duly observed the marvelous increase of susceptibility occasioned by a disease, toward agents bearing to it the homœopathic relationship, and who have not learned that "*die milde macht ist gross.*"

IV. POSOLOGIC.

Before proceeding to consider the question of dose we must say something of the common characteristics of alcohol and alcoholic liquors.

Vegetable substances, holding in their organization sugar or starch, yield by fermentation what is known as *vinous liquors*. These liquors, subjected to distillation, yield *ardent spirits*. And these spirits, by a process of rectification, furnish *alcohol*.

The fermentation of grape juice gives us *wine*, holding in solution, besides alcohol or spirit, water, tartaric acid, sugar, gum, coloring and extractive matters, ænanthic ether, and tannin. By distillation the wine loses much water, gum, acid,

and other properties and yields *brandy*, the principal constituents of which are alcohol, water, and volatile oil. By rectification the brandy loses water and volatile oil and furnishes a very pure article of *alcohol*.

The spirits obtained by the fermentation of molasses yield, by distillation, *rum*—those from corn, rye, or potatoes, yield *whisky*—those from rice, or palm juice, yield *arrack*.

In regard to the amount of alcohol proper, or spirit, in the several liquors named, various statements are made, but we submit only that of Pereira, which shows sufficiently their comparative degrees of strength.

Spirits of Wine — Alcohol.....	92 per cent.
Brandy.....	55 " "
Whisky.....	54 " "
Rum.....	53 " "

The strength of alcohol varies from 92 to 49 per cent.—while brandy, whisky, and rum, range from the figures we have given, down as low as the cupidity of manufacturers and the patience of the market will bear. Every apothecary, especially every one dealing in preparations for homœopathic use, should be careful to keep not only unadulterated liquors, but such, also, as come up to a certain standard of strength.

For medicinal purposes the purest alcohol is best. When it is not at hand, brandy, whisky, or rum may be used.

Alcohol is so diffusible in water and so volatile in air, it requires little or no attenuation for the development of its power.

It should, however, when the strong local effect is not desired, be used in water, say ten drops to a teaspoonful; and the mixture should be very complete by stirring in an open vessel or shaking in a bottle. As to the size and repetition of doses we submit the following rules, as the best we can offer in brief:

1. In acute diseases, such as arise suddenly and run a rapid course, small and frequently repeated doses are best.
2. In organic affections, such as involve lesions of structure, larger and less frequent doses are best.

3. In chronic diseases, where there is no perceptible lesion of structure, small and not frequent doses are best.

4. In cases of poisonous bites, by rabid dogs or venomous serpents, where rapid and important changes take place in the blood, as well as nervous system, large and frequent doses are best.

In regard to the repetition of doses, no particular rules can be given.

The effects of alcohol, especially of small doses, being very evanescent, it bears and often requires more frequent repetition than most other remedies. The aim, in the administration of all remedies, in acute disease, should be to let each dose complete its *primary effect*, before repetition, inasmuch as the secondary effect or the *reaction* is the relief sought. In chronic ailments, or such as exhibit symptoms similar to the secondary effects of the remedy, as observed during its proving in the healthy, the aim should be, to allow time for the completion of the *first reaction* before a repetition of dose. And in cases where the wave-like character of the disease gives primary and secondary symptoms, in repeated alternation, the dose should not be repeated, as long as there is a sensible decline in the prominence or severity of the symptoms, all taken together.

We know it is not an easy matter always to distinguish primary and secondary symptoms or effects. To approximate anything like certainty requires the closest study of diseases, in all their progress and different phases, and a much more thorough proving of curative agents, than has yet been put into practice.

Experience, and not theory, must guide the practitioner in the acquirement of his information, till out of the facts, which all thus aid to gather, shall grow some *general rules*, at once reliable and useful. While in practice we must ever individualize, our highest aim should be, by generalization, to discover *principles* which, applied in practice, shall simplify and render more successful the great work of healing human maladies.

SUPPLEMENTAL.

WINES AND BEERS.

Having concluded what we have to say concerning alcohol and the liquors more especially alcoholic and common in the market, we must add some observations concerning certain other liquors, less alcoholic, possessing other characteristics, long known and quite generally used as articles of beverage, namely, *wines* and *beers*. And here we must again express our regret, that in setting forth the effects and uses of the various liquors containing alcohol, no proper distinctions have usually been observed; but all have been recommended or denounced indiscriminately. Some writers on *materia medica* have given some particular properties, as grounds of preference for the employment of certain liquors in certain cases; but there has been nothing like a close observation of the peculiar effects of each, considered by itself.

WINES. As we have already mentioned, wine is the result of fermented grape juice, and its leading constituents are, beside water, alcohol, tartaric acid, gum, sugar, coloring and extractive matters, and ænanthic ether. The active properties are alcohol, tartaric acid, and tannin. The gum and sugar are nutritious, while the ænanthic ether furnishes the peculiar flavor or bouquet.

The amount of alcohol or spirit in a particular wine depends altogether upon the amount of sugar in the grapes from which it is made, and the thoroughness of the fermentation. Sometimes cane sugar is added to the must or juice, before fermentation, in order to increase the strength of the wine. The tartaric acid in the wine is more or less, according to the sourness or sweetness of the grapes; while the tannin varies according to the manner of fermentation, being more when the skins and seeds are included, and less when the juice alone is treated.

As might be expected, different kinds of grapes yield wines of very different qualities and adapted to quite different uses.

General classification gives us, *dry wines*, or such as are very thoroughly fermented and rather acid—*sweet wines*, or such as contain considerable unfermented sugar and little acid—*generous wines*, or such as have considerable spirit or alcohol—*light wines*, or such as have little spirit—and *sparkling or champagne wines*, such as contain carbonic acid.

Setting aside the various decoctions, called sparkling wines, for which there should be no place in the market or in the human stomach, and considering only the spirit and the acid, as distinguishing properties, we shall here place all wines in two classes—first, those which are *dry and acid*—second, those which are *generous and sweet*.

The English and American people have so long used wines of the second class, they hardly tolerate those of the first, which are incalculably more pure and less hurtful. In fact, so vitiated has become the public taste, that the vilest compositions, having a large per centage of spirit, are bought and used, by the million bottles, while pure and wholesome wines, at a less price, find few purchasers and consumers.

The villainous stuff sold as Port, Maderia, Malaga, Sherry, Teneriffe, and Burgundy, not once in a thousand times contains a drop of grape juice, but is entirely made up, out of chemicals and coloring matters, with water and whisky.

The long list of ills and evils, charged up to wine, are therefore largely due to compounds in which they form no part.

Wines of the first class, the *dry and acid*, possess from 7 to 13 per cent. of alcohol; and those of the second class, the *generous and sweet*, have from 14 to 25.

Those made in Europe and California and transported by sea, especially through the tropics, have nearly always been *fortified* by the addition of brandy or other strong liquor. For that reason it is safer for us, in this country, to use only our native wines, even though we may be able to find such as are *really imported*.

Generous and sweet wines, in their effects, approach very near to alcohol, and so require no separate consideration here, further than for us to say, that where some nutrient and slightly acid property are desired, to moderate the alco-

holic influence and nourish the body, they are preferable to brandy, whisky, or rum.

To show very briefly the uses of wine, in the common practice, we present an extract from *Pereira*, who says—"As a stimulating tonic and invigorating agent, it is given in the state of convalescence from fever and from various chronic non-febrile diseases. In extensive ulceration, copious suppuration, gangrene of the extremities, and after extensive injuries or severe operations, or profuse haemorrhages, where the powers of life appear to be failing; wine is administered often with the best effects. It has been liberally employed in tetanus, and at times with apparent alleviation of the disease. If in any of the preceding cases it causes dryness of the tongue, thirst, quick pulse, restlessness, or delirium, it should of course be immediately laid aside. And it is obvious that in acute inflammation, especially of the brain or thoracic organs, in tendency to sanguineous apoplexy, and in the first or acute stage of fever, the employment of wine is objectionable, and calculated to prove highly injurious."

The doses of wine generally prescribed by the school of medicine to which *Pereira* belonged, were so great we do not wonder he should find them bad in febrile states, and for apoplexy, and for inflammatory affections of the heart and lungs. Where he tells us that *nux vomica* aggravates paralysis—*opium*, congestion of the brain, and *wine*, inflammatory and febrile conditions—we shall be quite sure, under the pointings of the law *similia*, to employ those agents promptly, but not in massive doses.

Dry and acid wines exert but a slightly stimulating influence and then the acid impresses the stomach and the organism generally for a much longer time.

In cases of indigestion from irritation of the stomach, characterized by heart-burn, acid or empty eructations, flatulence, headache, cold extremities, and more or less general debility and nervousness, these wines, by reason of their slight stimulus and the deeper action of their acid, have a fine curative effect. They should be taken in moderate quantities, at, or just after, the principal meal every day, without water or sugar.

For what we may term *American Dyspepsia*, brought on by over-work of the brain and nervous system and under-work of the muscular—the wear and tear and fret of unceasing business—*no single remedy—ceteris paribus—is equal to pure dry wine*. We speak from general observation and from an extended experience, in its employment, in our own practice. And we will further say, that we have yet to learn of a single individual who, from such a use of wine, has become addicted to strong drink, or led in any wise into drunkenness. On the other hand we have known many persons to be reclaimed from drunkenness by them, and to have the irritation of the stomach, the basis of the drunkard's appetite, entirely removed. And before leaving this part of our subject, we must further say, that general gluttony and the use of *pepper, mustard, ginger*, and similar heating articles, placed upon the table daily, and constantly mingled with food, lead more people into the use of brandy, whisky, and rum, than all the dry and light wines in the world put together.

Among the best of the wines of which we have been speaking, are—

Delaware.	Norton's Virginia.
Catawba.	Scuppernong.
Clinton.	Concord.
Ives' Seedling.	Isabella.

These are becoming abundant in our market and at reasonable prices.

BEERS. By the fermentation of an infusion of malt and hops beers are produced, consisting of water, alcohol, sugar, mucilage, an extractive and bitter principle, fatty matter, lactic and carbonic acids, and salts.

Their comparative alcoholic strength is as follows—

Common Beer.....	1	to	3	per cent.
Porter.....	3½	"	5½	" "
Brown Stout.....	5½	"	6½	" "
Bitter and Strong Ale.....	6	"	10	" "

They are sometimes adulterated by the addition of *coccus indicus*, to increase their intoxicating influence. Their effects in the human system are slightly stimulant, but otherwise such as might be expected from hops and nutritive matters generally. They especially burden the liver, at first stimulating it for its extra work, and then gradually letting it down into a state of weakness and, not unfrequently, also into a condition of organic disease. In persons who drink much beer, there is an obvious tendency to erysipelas, congestions, biliary derangements, fatty degenerations, and gangrene.

They have been employed more dietetically than therapeutically. In the last stage of fever and for debility, especially in nursing mothers, they have been very frequently used. When duly considered it must seem a little inconsistent, that mothers who dread and denounce the milk of cows that have been "still-fed," should render their own milk even *worse than that*, by the use of porter and ale. With our present knowledge of the special effects of beers, we are unable to say much of their therapeutic uses.

WHAT IS PUERPERAL FEVER ?*

TRANSLATED BY S. LILIENTHAL, M. D.

I told you, that puerperal diseases are only traumatic diseases, therefore only pathological alterations, setting in in consequence of injuries either on the injured parts themselves, or in distant parts; therefore only accidental reactions in the neighborhood of the wound, or secondary, so-called metastatic, processes, where through the circulation of the lymph and blood inflammatory products are carried forward. Virchow, Waldeyer, Hueter, and others have cleared up the obscurity which surrounded these processes. With Waldeyer we call

*Two lectures by PROF. OTTO SPIEGELBERG, of Breslau, Prussia.
Lecture Second.

the *putrid resorption* a *septicæmia*, arising everywhere, where putrefying or decaying substances are conveyed to the blood, especially to the parenchymatous fluids; *embolic pyæmia* we call the metastatic processes caused by phlebotomosis and the carrying forward of the dissolved coagula (when a thrombus crumbles to pieces in an ichorous state, we have *septico-pyæmia*); under *simple pyæmia* we understand that poisonous state, where pus enters the lymphatic or blood-vessels, the *ichorrhæmia* of Virchow.* Putrid substances may in the latter case be taken up, but certainly not there, where no putrid detritus took place, as e. g., in closed parametric foci. We know on the contrary, that pure pus may also act as a poison and it is very probable, nearly certain, that the pus-cells, emigrated from the blood or formed in the tissues (Stricker) may immigrate again, especially through the lymphatics. Thus metastatic inflammations may also arise in simple pyæmia, and especially in serous membranes (metastatic inflammation of the joints), which are in fact only large lymphatic sacs. This puriform poisoning takes place especially where the suppuration quickly and diffusely passes over large surfaces (erysipelatous), and over large surfaces of histologically similar formations, as the parafascial and intermuscular connective tissues are especially disposed to it. This arrangement of a continually extended layer of loose connective tissue is only in few places so outspoken as around the uterus, in the broad ligaments, and in the pelvis in general.

Such processes may develop themselves in any lying-in woman under certain circumstances. But it is necessary for that purpose, *to know the puerperal wound, its seat and*

* Vide North American Journal of Homœopathy, Vol. XVII., page 166, et seq., where we have shown, that *good and laudable pus* is mild, chemically neither acrid nor corrosive, and even when absorbed by the lymphatic and veins, either expelled with the excretory fluids or deposited in internal organs or cavities, to find its way outward by metaschematic processes, but it remains more than questionable, if mere pus, carried in the general circulation, possesses the power, so to change thus the quality of the blood, as to render it infectious not only to its own body, but also to those of others.—S. L.

peculiarities. All the alterations which the pelvic organs sustain during pregnancy, the lesions which they suffer during delivery, are well known and may be passed over.

Cruveilhier and Simpson were right, in declaring every lying-in woman a wounded individual, but they were wrong in looking for the wound only at the insertion of the placenta.

Towards the end of pregnancy the genital organs have passed through a hyperplastic process, most evident on the uterus, because there most palpable. Its mucous membrane is changed to a thick decidua, *i. e.*, the placenta; within the muscularis and placenta the lymphatics and blood-vessels have enormously developed themselves, as the increased life of the pregnant uterus required for this increased exchange also more extended means of excretion. We find a similar state in the vagina and vulva, as you see by their elasticity, the formation of folds on the mucous membrane, the copious secretions, the ectatic veins, giving frequently to the whole a deep blue coloring. This hyperplasy is not only found on the genital canal, but extends also to its adnexa, especially to the broad ligaments and the surrounding connective tissue. The placenta foetalis and a part of the materna is cast off during delivery, also the most superficial layer of the decidua. We have therefore to distinguish two layers on the decidua, an upper one — *a cellular layer*, emanating from the connective tissue of the mucosa — and a lower one, *the glandular layer*. During delivery the separation of the decidua takes place inside of the cellular layer, of which a small part with the glandular layer remains. The placentar insertion shows exactly the same relations. What we call on the expelled placenta the maternal part, is in fact only a part of the cellular layer. On the place of insertion of the placenta the same remains, as on the other surface of the uterus, differing from the latter only by the open and thrombic apertures of the veins. The new epithelial coating will then become gradually and most probably formed from the glandular layer; during which a large formation of cells with a tendency to the surface takes place. With such results the anatomical basis for endometritis is given, which was inexplicable.

cable as long as we supposed that the whole mucosa were cast off, and at the same time the axiom justified, that every lying-in woman suffers from a large wound in the uterus, for a mucous membrane deprived of its epithelium and of its uppermost cellular layer may certainly be considered a wounded surface, as well as a denuded corium, still more aggravated by the venous lesions, present in such cases. We have to add now to such a state the slight contusions and denudations on the neck of the uterus, which happen nearly at every delivery; the erosions and lacerations on the lower part of the vagina, on the perineal part, on the internal surface of the labia, and in general all over the vulva.

These are so frequent that I hardly ever miss them, and I fully agree with Schroeder, who saw in eighty-nine of ninety-three lying-in women lacerations at the entrance of the vagina. The pelvic cellular tissue will always be found contused with the bruised state of the collum uteri, so highly infiltrated with serum, also of the vagina. The adnexa of the uterus, its serosa, the parenchyma of the ligamenta lata must certainly suffer from pressure at the time when the foetal head completely fills up the pelvic cavity, and thus become disposed to inflammatory swelling. The dislodgement of these organs, the pulling and wearing away of the connective tissue is, at the delivery, of such a degree that the foetal head appears to the examining finger at the period of expulsion, as if the vaginal walls only divided it from the pelvic ones. How often, though, more dangerous lesions are added to these, usually found at every delivery: perfect abrasion of the mucosa of the uterine cavity and of the place of placental insertion during version or extraction of the placenta, or some pieces of the membranes remaining behind, or contusion and rents of the collum in tedious spontaneous labor, in narrowness of the pelvis, or bruises in the vagina, vulva, in the surrounding cellular tissue during forceps operations with difficult extraction, or during perforation. Here you never have a clean wound, always torn and bruised, sometimes even already during delivery with mortifying edges. And such injuries take place with ectatic veins, and in tissues provided with

dilated lymphatics and thoroughly infiltrated with serum, prone to the production of suppuration and to carry the pus forward as in hardly any other case. You are, what I beg you to keep in mind, in the next neighborhood of the most extended serosa, of the largest lymphatic sac of the body. Let us see, now, to what such wounds must necessarily lead: In the first place it is clear, that on account of the large extent and the manifold locations of the wounds, reaction may show itself either on the tract of the mucous membranes or on the adnexa or on both. It is wrong to consider, as Kiwisch, Buhl, and Klob assert, in all puerperal diseases the internal uterine surface as primarily affected, and to derive directly or indirectly all other diseases from endometritis or metritis. We found far more frequently the wounds of the vulva, the contusions of the parametrium, the originators of the morbid state, than the internal uterine surface. And although we find the latter in most obductions in an altered condition, we must not forget, that under the influence of infections, otherwise engendered, the wounded uterus may take on changes secondarily — we must not confound cause and effect.

We have to consider the inflammation of the vulva and vagina as well as the frequent superficial endometritis as reactions from the lacerations and bruises, and it is easily understood, that an exudative process, an exuberant granulation easily takes place on a mucous surface, bereft of its epithelium and contused in many places. How deeply such a process may penetrate, depends partly on the intensity of the trauma, and still far more on different individual circumstances, especially on the state of the uterus itself. If the uterus is not excessively overworked and wounded, we will see only superficial inflammation. At most the serosa will suffer per vicinity and a slight perimetritis will form. The uterine wound may granulate more freely under the influence of cold, dietary errors, or of intestinal catarrh (catarrhal endometritis), for we know how such causes influence other affections of the mucous membranes. But we see a different state when the mucous membrane is more deeply injured, the wound full of

scratches, the cervix bruised, the organs already infiltrated during delivery with transudation, when vagina and vulva are crushed. Filled with cast-off necrotic particles, with remnants of membranes and blood-coagula, putrefying under the influence of air, conducted there during and after delivery (sometimes even artificially), putrid resorption, puriform and ichorous dissolution of the thrombi at the place of the insertion of the placenta, septicæmia and pyæmia, are necessarily the consequences. The deeply altered uterine parenchyma takes part. From the tracts of its connective tissue, filled with albuminous masses and numerous cells, the same process attacks the para-uterine and para-cervical cellular tissue, further on the parenchyma of the broad ligaments, the whole pelvic cellular tissue. Suppuration ensues. The broad lymph-tracts of the uterus absorb from its internal surface as well as from its walls, fluid and solid parts and form thrombi; the thrombi soften and exudation takes place on the serosa.—But this suppuration of the para-uterine and pelvic cellular tissue may also originate in the vagina and vulva, yea, it may appear primarily in the parametrium. You understand, why the bruised tissue of the vulva and perineum may easily become necrotic and how suppuration may spread hence over the pelvic cellular tissue so closely connected with it. And as in a relatively good state of the genital tract the latter (parametrium) may be contused and bruised, so also the process may directly begin there. There are probably in such cases slight injuries in the genital canal, which may be easily overlooked during lifetime and at obductions, perhaps forming the starting point of the parametritis. We have to treat here really the same alterations, found also in the not puerperal state, after injuries of the bladder and rectum, which Pirogoff has so well described.

Which are the causes, leading to this suppuration (lardaceous infiltrations, diphtheritic inflammation) in the parametrium? The *infected* wounds, impregnated and vaccinated with decomposed putrid matter, brought from outside or formed in loco. It is exactly the same process, as we see it on the skin and subcutaneous tissues in consequence of

similar wounds. But it may also arise without infection, even after unimportant lesions, and then we have to consider the state of the parametrium itself, which might have been diseased for a long time and is withdrawn from our examination, as also the individual disposition and other accidental external noxious influences. Intensity of the destruction, bloody infiltration in the tissues, nutrition, effects of cold and dampness during delivery, must be taken into account, and severe phlegmonous inflammation may arise from trifling injuries, or even when the surface is perfectly sound.

By speaking of suppuration in parametrium, I mean the parametritis phlegmonosa of Virchow, the pelvic phlegmone of Erichsen, the parametritis and dull-serous infiltration of Buhl, the parametritis with sero-purulent oedema of Pirogoff. *I have chosen purposely the word SUPPURATION because pus forms in the tissues in question and is the infecting agent to the body.* The dull-serous infiltration, the sero-purulent oedema, are only stages of the suppuration, indeed its first stage. That the local process does not reach farther, that we do not find in the puerperal pelvis the usual macroscopic picture of suppuration, finds its solution in the rapid destruction by this process, so that it can not attain to the formation of large suppurative foci. *But why does it kill so rapidly, why is it so dangerous to the lying-in woman?* The danger lies partly in the arrangement of the pelvic cellular tissue, in its wide lymphatic tracts, and its increased flow of lymph, but especially *in the neighborhood of the peritoneum*, and the direct connection in which it stands to the suppurative focus. *This neighborhood of the peritoneum it is, which is so dangerous to the lying-in woman.*

We agree with Stricker, that the pus-cells have a double source, wandering in the tissues from the blood, or being produced by them, though in a smaller degree. It is nothing unreasonable, to suppose, that pus-cells may *immigrate* in the blood, and especially in the lymph-tracts. But then they reach also quickly from the pelvis the peritoneal sac, standing in the most intimate relations to the lymph-tracts. (Ludwig.)

As a fibrinoplastic substance they produce coagulation in the peritoneal fluid under the form of the well-known fibrinous precipitates, which characterize the peritonitis — and it is this inflammation, which destroys so rapidly. If the disease lasts a little while, the same process continues upwards; we find the lymph-tracts of the diaphragm filled with puriform masses (Recklinghausen) and pleuritis and pericarditis supervene. We see thus from the connection of the lymphatics with the serous membranes, how the primary phlogogonous substances act primarily on the latter as inflammatory irritations. Thus arise the metastatic articular inflammation, which does not find its derivation from embolism, and the endocarditis, so frequently found in lying-in women; and we know now, that the center-point of puerperal diseases lies in parametric phlegmone. We understand why peritonitis is so frequent with lying-in women, why it governs the different modes of puerperal fever, and why death is so frequently witnessed in epidemic puerperal fever.

Although this may be taken as a peculiarity of puerperal traumatic diseases, still there is nothing specific in it. It is also nothing remarkable, that the veins, running through the phlegmonous connective tissue, fill with thrombi and inflame. This thrombotic process took formerly, and among some authors even yet, the first place in puerperal diseases; how false such a stand-point is, Virchow has shown.

You know, that the normal thrombi of the placental place become infected by the ulcerated inner surface of the uterus, and that thrombosis may continue in the parenchyma of the uterus and in the pelvic veins, and that the thrombi may fall to pieces. In the inflammation of the pelvic connective tissue you have another cause for phlebitis, and also the explanation for the so frequent combination of endometritis, parametritis, lymphangitis with phlebitis. But thrombi may also primarily arise, independently of such processes, in and near the uterus, and nowhere so easily as during the lying-in state, where we find dilated veins, dilatation in consequence of lasting changes of their membranes (varices) in the pelvis, on the genital apparatus, on the thighs; there many causes com-

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bine for thrombosis by compression, and it is quite certain that the change in the division and pressure of the blood, caused by delivery, may produce also a change in the constituents of the blood in lying-in women, and thus influence the formation of thrombi in the veins, as it is well known, that some states of exhaustion are rendered conspicuous by the decrease of blood-cells and increase of fibrine in the blood. We have now in the hospital two lying-in patients with thrombosis and inflammation of the crural veins. In both varicose veins became spontaneously inflamed on the inside of the leg close below the knee. In one the affection remained limited to the diseased foot, periphlebitis and formation of abscesses took place; in the other it progressed upwards to the thigh, and whereas an abcess formed on the leg, an extensive phlegmone developed itself around the diseased veins. Repeated chills admonish us that infection, most probably embolism, has taken place. Marautic thrombosis may also even at a late period destroy the life of lying-in women. We have treated lately a woman suffering from lobular pneumonia on the right side, after having passed through a normal confinement without any visible morbid appearances on the genital apparatus, and after recovery from the pneumonia, and while considered convalescent, she was attacked in the third week by marautic thrombosis of the saphena and perished from emboly in the lungs. And again I ask, is there anything specific about that? Do we need for the explanation of such manifestations a special unknown agent? The specialty lies everywhere only in the anatomical predisposition of lying-in women to thrombotic and phlegmonous processes in the pelvis and lower extremities, thus to both forms of pyæmia.

I trust you are now convinced, that puerperal diseases are only traumatic diseases: local inflammations of the wound and its surroundings, or pyæmia in both its forms, or septicaemia. Light and dangerous cases can be grouped among the different forms, and in the place of indefinable names we have plain views and ideas.

Finally, allow me to mention some important points.

Every lying-in woman may suffer from most dangerous disease, she may become septic or pyæmic. How does it happen that this is still so rarely the case? And on the other side, how do these epidemics arise?

It is easily demonstrated how a person who suffered during delivery from severe traumatismus, may become dangerously sick and die from self-infection. More difficult we find it already to explain, why such a diseased state sets in after a perfectly normal delivery, and so to say, normal puerperal trauma. In some cases an infection from outside, whose carriers are well known, may be blamed for it, and such an infection does take place in lying-in asylums; but in other cases no such blame can be attached, and we have to fall back to an individual disposition for diffuse phlegmonous inflammations, for diphtheritic processes, and to unfavorable external conditions. It certainly makes a vast difference in the course of a traumatic cure, if our patient is a strong, healthy person, or a delicate and morbidly broken body. Compare only the course of an external wound, of a phlegmone caused by a trauma in a young, robust man, and in a decrepit old man, or drunkard. According to my experience, which agrees with Virchow, the effect of *cold* takes the front rank among unfavorable external influences. We saw, this winter, that nearly every woman, who was brought into the hospital during her labor, with her clothing wet and freezing from the discharging amniotic water, took severely sick. In these individual and accidental conditions we find the cause, why in hospitals, and especially during the winter season, such diseases are so prevalent; and, furthermore, we have to look to the social and physical state of the persons looking for aid in such institutions.

I incline, therefore, to deny the existence of epidemics in lying-in asylums; there are only solitary cases, and eventually numerous solitary cases, and a group of such, although every case, independent of the other, may simulate to us the picture of an epidemic. A genuine endemia, though, may develop itself, and this especially through the medical staff. A process of decomposition may be initiated in the most

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superficial and smallest wound by the local action of putrid masses, remaining innocuous in many cases, but leading, in others, to diffuse extension of the inflammatory process and to pyæmic self-infection. Thus from any wound an infection may be propagated from one person to another, and in most cases it may be proved by ocular demonstration. There is no need of a peculiar miasma; the go-between persons, the furniture and utensils used by different patients suffice for carriers. The possibility that the air of one and the same room carries the infection, may not be fully denied, although in the so-called ward-epidemics — as seen sometimes in hospitals in spite of the greatest care — the disease rather progresses from bed to bed. Though opposed to the principle of miasmatic genesis of puerperal fever, we decidedly insist on the most careful isolation of the patients, not on account of the possibility of a specific pyæmia, miasma, or contagion, but on account of the possibility of a local infection from putrid matter (Waldeyer).

What applies to the diseases of lying-in asylums, applies with equal force to private practice. Solitary cases, accidental gregarious cases, are also found here, even under the best social conditions. Processes running their normal course may through external influences, as well as through internal ones, change fearfully their conditions. Slight catarrhal conditions of the uterus, caused by atmospheric influences, may through neglect or wrong treatment produce severe traumatic diseases, but epidemics, in the true sense of the word, there are none. The experience about the origin of these so-called epidemics by conveyance accumulates more and more. That the genius epidemius clings to the hands and to the clothing, I witnessed only a few weeks ago. A woman was expecting her confinement; she was full of anguish and tribulation, as in the preceding four weeks seven women, in that neighborhood, had died from puerperal fever, two even in the house inhabited by my puerperal patient. All these women had been delivered by one midwife. She was forbidden to deliver any more cases, and the epidemic was extinguished. Thus it has been, and thus it will be oftentimes yet.

We stand, therefore, in puerperal fever, on mere surgical ground, and the consequences for prophylaxis and therapy are the same. The lying-in hospital will always have patients suffering from puerperal fever, just as a surgical ward always has pyæmic patients, and this the more severe deliveries take place and the more decrepit the patients are. We must not hear anything more about epidemics. Strict control over all puerperal patients, early diagnosis of all local diseases, and early corresponding treatment, isolation of the patients, spacious wards, numerous nurses, any quantity of linen, water in affluence, light and air, daily disinfection of all excrements—these are the requirements necessary in any lying-in asylum. The same principles govern private practice, and it is our solemn duty to prevent every infection or to strangle it in its very inception. No lying-in woman should fall a sacrifice to prejudice, or to private interests.

A NEW THEORY OF INTERMITTENT FEVER.

BY I. S. P. LORD, M.D.*

There is probably no curable disease that has occasioned so much discussion, and given rise to so great a variety of opinions in regard to its cause, pathology and treatment, as intermittent fever. And, notwithstanding all that has been written and said concerning it, not a single mooted question is yet settled.

All the special treatises—monographs or essays—are based upon the mere technical symptomatology of more or less imperfect provings, and each succeeding one seems only a rehash of a preceding. Were symptoms invariable—had they the definite angles of geometrical figures, or the precision of mathematical quantities,—this would be sufficient, and the solution of the problem of an ague would be as easy as one in the Rule of Three. It is quite an amusing employment to

* Extracted from a lecture delivered before the Hahnemann Institute of the Hahnemann Med. College, Chicago, January, 1871.

group symptoms and make fancy cases, so that a remedy may be readily found that will exactly cover each case.

But, unfortunately, malaria plays so many bewildering pranks, and groups symptoms so fantastically and unartistically, that if we follow our best authorities we shall perhaps find that in a given case with a dozen symptoms, no one medicine will cover more than two or three—and instead of one specific remedy, we shall in the end find ourselves embarrassed with half a dozen, each presenting equal claims to our notice. Having practiced medicine for forty-two years, most of the time in malarious districts, I have treated very many cases of ague. For the last twenty years I have kept an accurate record of every symptom of every case of ague, and not of this disease only but also of every other. But the treatment of ague has caused me more perplexity than that of all the others. At first I followed Boenninghausen and the Symptomen Codex, and such *lesser lights* as then existed.

I need not say to the initiated that the selection of the true remedy with such helps is difficult, not to say tedious, and sometimes impossible. Then came Douglass' monograph, which certainly promised much, but proved somewhat faulty in the performance.

Its principal defect is that it is purely theoretical; at least, it has so appeared to me since I have become more intimately acquainted with it. It is, unless I am mistaken, a faithful collection and tolerably judicious arrangement of the reputed characteristic ague symptoms in the pathogenesis of each of the drugs he has introduced.

But who is competent to decide, in the absense of any fixed and invariable rule, what are "characteristic symptoms either of the disease or the remedy?"

In very many cases that occur in actual practice one can, with the book in his hand, readily select the right remedy with very little trouble. But in a large majority the reverse is the rule.

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In 1867, having abundant leisure, I was persuaded to undertake the labor of transcribing, from the original phonographic notes taken at the bed-side or in the office from the patients

themselves, all the record of a twenty years' practice, without addition, subtraction or alteration — a work that has occupied three years. In doing this I was much impressed with certain prominent and more or less well-marked distinctions invariably running through all malarious diseases, especially pure malarious intermittents; and therefore I conceived the idea that there must be some general law, which, if properly applied, would bring order out of chaos, and perhaps evolve the true pathology and treatment of fevers. To test it, I commenced writing notes to my cases of ague, and soon came to the conclusion that the old pathological notions were incorrect. When there was only a chill followed by heat, and that by sweat, it was not unreasonable to attribute the chill to the malarious irritation — the heat being a re-action, and the consequence of the chill, and the sweat the consequence of the heat — a mere chain of cause and effect.

But change the order, and assume that the heat comes first, then the chill, and after this the sweat. Is the chill then a re-action and the consequence of the heat, and the sweat the consequence of the chill? And yet such paroxysms occur in agues, and why in this chain of cause and effect is a chill interposed between the heat and sweat?

Again, we find cases — not in theory but in practice — where the first symptom is a sweat, then heat, and lastly a chill, completely reversing the usual order; and are we to resolve this into re-action, and cause and effect? Still again, in a very large proportion of agues there is chilliness and heat at the same time.

Now it is, perhaps, quite possible to explain satisfactorily all these (at least, apparent) anomalies as arising from general disorder of the nerve centers, and as standing in the relation of cause and effect according to the old theory; but I must confess that whenever I have made the attempt, I have met insurmountable obstacles at the very first step. * * *

Assuming what is generally admitted, that the cause of malarious intermittents is a specific poison, and what is now beyond a question, that an ague is a neurosis, we might possibly believe that chill and heat are mere alternating effects of

disorder of the same nerve center; but it is anything but possible that in the same organism there should be chills with heat, *i. e.*, a double sensation of heat and of chilliness at the same instant, on the hypothesis that either is the consequence of the other. And it is scarcely possible to conceive that a single nerve center should impress a sensation of coldness or local chill upon a small portion of the organism, as, for instance, a knee or foot, while the thermometric temperature of the part is normal or above the natural standard, and yet such cases occur. Indeed, we have sometimes had occasion to record such symptoms as the following:

“Sensation as of cold wind blowing on her.”

“Sensation as of wind blowing on a small spot on the small of the back.”

“Sensation as if there was a hole through her clothes through which the wind blew upon her back over the spine, sometimes between the shoulders, then on the small of the back or upon the dorsal region.”

“Sensation as if the wind was blowing through holes in the clothes, on various parts of the body.”

“Sensation when lying in bed, well and closely covered, as if the wind was blowing under the quilts, mostly on her knees, and can hardly be persuaded that some one is not raising the clothes.”

“Sensation as of cold streaks of air blowing on the chest.”

* * * * *

Besides the anomalies already noticed, it should be borne in mind that neither chill nor heat nor sweat are necessarily developed among the morbid phenomena following malarious poisoning. The malaria may evolve a neuralgia or endocarditis in rheumatic subjects; or gastralgia in dyspeptic subjects, or cephalalgia or convulsions in those predisposed to cerebral disorder, or it may appear in the form of hysteria or acute intestinal catarrh, and there shall not be even a suspicion of the real cause of the disorder, so perfect is the counterfeit. And it is not difficult to account for this. We know that very many drugs and other disease-producing agents cause these and many other disordered conditions, or diseases, through

irritation of the nerve centers — and there seems to be no special reason why they should not follow malarious irritation of the same parts.

If so we have only to assume, what will hardly be questioned, that the brain, the anterior column of the spinal cord, or the posterior, or the sympathetic system — or any portion of either — or a single ganglion — or any number of parts, may be the seat of a malarious irritation. That is, malaria may act on the whole spinal system, or on the whole sympathetic — or on both, or on any portion of either, or both, at the same time, or in alternation.

And thus at last we have a clue to the true pathology of the disease ; and what has been heretofore regarded as a disorder of a single part, or a single neurosis, must now be regarded as a disorder of two or more distinct organisms, or, in other words, it is *a double neurosis*. That is to say, a paroxysm of a pure malarious intermittent beginning with a distinct chill, followed by an equally distinct heat, and that followed by sweat, can not by any possibility be caused by any disorder of the spinal system or of the cerebro-spinal system alone, nor by any disorder of the sympathetic system alone, nor by any disorder of any part or portion of either alone. This conclusion is inevitable, since, as we have shown, no disorder of any portion of the nervous system can give us at the same instant in the same place the duplicate sensations of chill and heat ; and if so, it follows that a disorder of two distinct and separate portions with distinct and different functions is required. And if required in a single case, why not in every case ? Manifestly these sensations spring from two different and differing sources or organisms, and our next inquiry is, What are they ?

And here the two grand divisions of the nervous system into organic or sympathetic, and animal or cerebro-spinal, present themselves for a solution of the question. The nerves from both these systems run to every part of the organism side by side in the same common envelope, and yet can remain distinct and separate in fact and function ; and as the characteristic symptoms of a paroxysm of ague must be caused by one or the other, the only question is, which system causes

the sensation of chill, and which the sensation of heat, as the one must necessarily be due to a peculiar condition of the one system, and the other to a peculiar condition of the other system. Now, since the experiments of Claude Bernard, there is little doubt that the sensations of heat should be referred to the sympathetic system, and it follows that the chillings must in like manner be referred to the spinal.

Then we assume that the hot stage of a paroxysm of ague depends on malarious disorder of the spinal nervous system, and we have, finally, a key to all the anomalies and vagaries of intermittents. Whether the chill or heat comes first, depends mainly on which system is most powerfully impressed by the malaria; and if the two sensations alternate, it is because the disorder of one system remits for a time, while that of the other is exacerbated. And if there is heat with chillings at the same time, it only proves that the two systems are acting concurrently. * * * * *

It needs not to enter farther into details. We have only to classify our remedies so as to meet these two pathological conditions, and our therapy is complete. Let us have two classes to correspond to the two great pathological divisions—spinal irritants and sympathetic irritants—and going from the general to the special, the subdivisions into anterior and posterior, and cerebro-spinal and cerebro-sympathetic, follow naturally. Thus if there is only a distinct chill followed by sweat and no heat, we select from the class of spinal irritants; if there is no chill, only heat and sweat, we select from the sympathetic class; but if there is nausea, or vomiting, or pain in the bones, or other symptoms during the chill, we select a spinal irritant having those peculiar symptoms in its pathogenesis; and if the same or other symptoms occur during the heat, we select from among the sympathetic irritants one having such symptoms.

If, however, it is a pure ague—a dual disease—then both a spinal and a sympathetic irritant should be used in alternation, since we have two distinct and separate organisms to deal with, each having a special function of its own, and a more or less distinct and specific symptomatology. And it is

worthy of note here, that *Arsenicum* and *Nux* have cured nearly as many cases of ague as all other medicines together. I speak now only of the practice of our own school. Probably almost any sympathetic and spinal irritant in alternation would cure a case of simple malarian ague, although neither was specifically indicated by the symptoms. Hence the success, at least for a time, of our more enthusiastic *confreres*. One has fifty, perhaps a hundred cases of ague in a month, and in most the disorder is in the spinal system; that is, the chills greatly predominate, and a spinal irritant—a new remedy, say *Boletus*—is given in every case, and most are cured, at least for a time. Another has a like number of cases, in most of which the disorder is in the sympathetic system, and he selects a sympathetic irritant, as *Arsenicum*, and gives with like results; and both publish their cases with assurance of equal success to all whom it may concern. A third reads, and immediately adopts the treatment of both, to make a sure thing, in one case giving *Boletus*, and in the next *Arsenicum*. But his cases are for the most part double neuroses; that is, the paroxysms have a distinct chill and heat and sweat, and he fails, of course, in just the proportion and for the same reasons that the others, his neighbors, were successful. Now the first two were right by accident in a majority of cases, and wrong in a minority; while the last was wrong by a like accident in a majority, and just as it might happen in a minority—and all from lack of a system or rule to guide them. Had the last given both medicines in alternation in every case, he would, probably, have had the same success as the first two.

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If these views are correct, any spinal or sympathetic irritant, either singly or in alternation, as the case may require, might cure a case of pure uncomplicated ague; but the drugs specifically indicated by the special symptomatology will do it more certainly and speedily and permanently, for it is rather a question of time than of fact.

And this corresponds with all our experience on this subject, as there is scarcely a drug, proven or unproven, that has not first or last been recommended for agues, and been reported

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as having cured them; which is of itself sufficient evidence that any drug may cure some case of ague, and goes far to show the necessity of individualizing each case as carefully as we would other cases that occur in a miscellaneous practice, if we would treat them successfully. And we may likewise learn not to be too dogmatic in our judgment of those who may differ from us in regard to the pathogenetic value of the symptoms of the various proven drugs in the treatment of agues. If one cures agues with the 3rd trituration of *Calcarea carb.*, it is only a question of fact; no doubt *Calcarea* might cure. Or if one should report a dozen cases cured with the 40,000th attenuation of *Arsenicum*, we should not refuse to credit it merely because it seems unreasonable or impossible. It is after all a simple question of fact, and very nearly resolves itself into a question of the veracity of the reporter.

It is not what might or might not be, but what was and is. There are probably a sufficient number of remedies already in use, if properly selected and administered, to cure all cases of uncomplicated agues; and the question is not so much which of them will cure a given case, but which will do it most speedily, certainly and safely. * * * *

AN ANOMALOUS CASE.

BY E. B. GRAHAM, M.D.

Mrs. M., æt. 36, nervous temperament, was confined Jan. 15, 1868; labor perfectly normal in every respect, except a little tardiness, which would necessarily follow after taking into consideration the fact that the patient had been married twelve years without any increase of family during that period, and the size of the child, which weighed eleven and a half pounds at birth.

My attention was called several times to the patient, because trouble was anticipated, for the reason that four of the family

had died in a similar condition, and that she had made up her mind that death was inevitable.

Inasmuch as there had been such a fearful rate of mortality in the family, I concluded to be doubly careful to prevent any complications if possible.

The labor terminated without any untoward symptom; the mother seemed to be as comfortable as any one could be under similar circumstances. I visited her daily for nearly a week afterward, to see that nothing befel her; and deeming it useless to visit her any more, discharged myself, after congratulating the family upon their nice boy and the happy condition of the patient, who was feeling as comfortable and cheerful as she ever did.

But, on the ninth day after confinement, while sitting up having her hair combed, laughing and joking, there came a sudden feeling in her head as if the very top of her brain was in a fluid condition, and running from the vertex down over her eyes, with total blindness and hemiplegia of the right side.

I was immediately summoned to her bed-side. Before my arrival the blindness and the peculiar sensation in her head had ceased.

Interrogating both herself and the family, I learned that her breasts were very much inflamed and considerably caked, causing her the most excruciating pain when they were drawn, either by the child or by the breast-pump. The lochia had gradually ceased; pulse a little accelerated; slight fever, with inability to use her right side. *Aconite* 2d was given every hour for three hours, then to be alternated with *Belladonna* 30th every hour until the following day, when I found my patient apparently better, except that the mammary secretion was diminishing. Employing gentle friction to the breasts, and giving *Belladonna* 30th, there was a gradual disappearance of the cake, also a return of the mammary secretion. The bowels were very costive. I was obliged to use injections to obtain a movement.

The catheter was daily used to empty the bladder, urination otherwise being impossible without the urine emitting a

terrible odor, so that it became necessary to use *Carbolic acid* to disinfect the house and clothing.

There was a steady improvement in her condition, in every symptom except that of sleeplessness. This seemed to be her greatest trouble until nine days from the time of this attack, when she fell into a quiet sleep, and slept for two hours very sweetly. An effort was then made to arouse her, but as she did not seem inclined to waken, another hour passed away before a second effort was made, which also proved unavailing.

I was summoned in great haste; found her in a quiet sleep, from which it was impossible to awake her. Pulse natural; no fever; eyes drawn to one side of the sockets, both in the same direction, and permanently fixed; jaws tightly closed.

I visited her for nine days, no perceptible change taking place in her condition during all this time.

On the ninth day she awoke for a very few minutes, and then dropped back into her former condition; slept till the next day about the same time, when she again awoke for a few minutes longer, and settled back into the same condition. This continued from day to day for nearly three weeks, when her sleeping and waking became normal. Her jaws were pried open every few hours, and beef tea was poured into her mouth, which at times would be swallowed quite naturally, at other times with great difficulty. Her tongue was very dry and red; skin natural; respiration free and easy as could be; bowels costive; urine passed involuntarily. As she gradually recovered from her sleepy condition, her memory seemed almost entirely lost. Immediately after eating she could not tell what articles of food she had eaten, or whether she had partaken of any or not, although she would recognize any of her friends that she had not seen for a long time; yet, when they were once out of her sight, she could not recollect them, or realize that she had seen any one.

I have watched this case with a great deal of interest for the last two years, although physically the patient seems to be as well as at any time previous to her sickness, except that she does not use her right side quite so well as before. Mentally she has not recovered, although improving slowly.

My treatment was *Opium*, *Belladonna* and *Veratrum album*, occasionally interpolating such other remedies as seemed to be indicated.

My object in presenting this clinical case is to get an expression, from some of my able colleagues, of the pathological condition involved.

ANTICIPATIVE REMEDIES.

BY JAMES S. ALLEY, M.D.

In several medical journals excellent articles have recently appeared, on the proper manner of "studying the *Materia Medica*." Every hint which has been, or can be, given upon this topic, is of absorbing interest to every lover of the science of medicine. I doubt not every reader turns with avidity to every article under such heading, hoping to find the key which will unlock the golden treasure. There is at present no field more urgently demanding the efforts of every one in the profession than this, of endeavoring to systematize the known facts in our possession. Unquestionably, if we had some more perfect system, by which each of us could apply the knowledge of drugs possessed by all, we should be astonished at our command over diseases now considered incurable, and the medical millennium would be vastly nearer than it now is.

It is not, however, my present purpose to say anything directly upon this topic; I would only ask that all physicians, small or great, give us their experience and throw all possible light upon the subject spoken of.

In the present article, I shall speak of applying, rather than of studying, the *Materia Medica*.

Our law of cure is unquestionably a perfect law. Wherein we fail of success, it is through our own carelessness and inexcusable ignorance, or through the imperfect development of the powers and properties of drugs. Many of our provings are as yet mere crudities, and the best of them are far from

perfect. Despite all this, however, our *Materia Medica* is the best the world possesses, and with all its imperfections is our surest anchor of hope. Excepting as it stimulates us to labor for its improvement, it is in vain that we find fault with its shortcomings, or wish that it were already perfect.

The vital question with us to-day is, how shall the present *Materia Medica* be made most available for present use? How shall we realize most benefit from our present knowledge of the action of drugs? On this single point only, I wish to offer a suggestion.

We have all frequently met with certain cases of disease, in which after having studied the symptoms, and the drug provings, we were fully persuaded that we had found the remedy which ought to bring relief. We prescribe it, and are disappointed, and sometimes discouraged, to find little or no effect. Under such circumstances the majority, especially if young in the faith, begin to doubt the universality of the law, to blame the particular remedy, and fly to the unfortunate expedients with which we are so abundantly cursed.

Now the simple truth frequently is, that it is no fault of the law; no fault of the particular attenuation; no fault even of the remedy prescribed. The fault is alone in ourselves. We have taken into consideration no more of the disease than we perceived the moment we saw it; or we have judged the case exactly according to what it has shown up to the present time; but we have failed to *look ahead, and take in the broad view of the natural course and tendencies of the disease*. We have prescribed the drug, which, if it had been used at the proper time, would, perhaps, have easily overcome existing symptoms, but our prescription, true as it may be, is too late in the season, as the disease is thoroughly and securely in possession, and to any farther action in the part affected, has the very embarrassing right of priority there.

Repeated failures will teach us the lesson, that it is not always enough to cover the totality of existing indications; that it is possible to apply the true "simile" of the symptoms present, and yet obtain no effect; or at least only a moiety of the effect we have a right to expect. A large majority of pre-

scriptions made are made too late for the indications they are expected to fulfill. Nature, by these disease symptoms, makes certain demands upon us, which we are ever tardy in providing for; and like bad financiers, though always worrying and toiling, yet always a little too late for payment, and always under the harrow of vexation and disappointment.

The proper remedy for this is expressed in the title I have given this paper, "Anticipative Remedies." Anticipate symptoms and meet them — even, if possible, forestall them. In looking at a certain case of disease, note carefully the symptoms which are present, and also as carefully look ahead to all those which in the natural course of the disease are sure to come, and the order in which they are to come.

In the proving of drugs we constantly get a certain course and progression of symptoms, and we are no more certain of primary than we are of secondary effects. Hour after hour certain different phases of drug action manifest themselves, and the last may be as legitimate and reliable as the preceding. It would be easy to illustrate this by citing the action of our best known remedies; but this is unnecessary.

As with drug-symptoms, so with disease-symptoms. There is a regular progress from incubation, through more or less serious symptoms, to health or death. Circumstances may alter or deflect, but the tendency is always the same. For instance, in scarlatina, we usually have first the catarrhal, next the gastric, next the febrile, next the throat, next the cutaneous, and next, perhaps weeks after, the renal symptoms. It is frequently the case, in this and other diseases, that the later symptoms are the more dangerous. The kidney [and cardiac.—ED.] derangements in the sequelæ of scarlatina are more serious than any other single symptom.

Here, then, is the point. When treating the earlier, and frequently the milder symptoms of disease, we are bound to make our prescriptions with reference to those which are later and more dangerous. For several years I have not treated a case of scarlatina without prescribing for the kidneys, days before I had reason to expect any functional derangement in them. Soon as the highest inflammatory action has abated,

I use *Apis** or *Arsenicum*, or other like remedies, in alternation with the drug more immediately indicated. My success has sanctioned the practice. In fact, I should sooner omit the use of remedies for the earlier symptoms than I would for those which are later and more dangerous.

Again: for the obstetrician, I know of no more sacred duty than to zealously watch for and anticipate acute metritis; and so carefully to scrutinize the symptoms following delivery, that puerperal fever shall in every case be met and avoided.

It is my uniform practice, after every delivery, not only to prescribe for the contused and inflamed uterus, but for several days to use remedies calculated to prevent peritoneal complications.

Without farther specifying the particular diseases to which this idea is applicable, I need only say that in many chronic, and in all acute diseases, especially those arising from a specific cause, we are bound not only to anticipate the particular tendencies of the disease, but also the constitutional liabilities and predispositions of the patient.

This subject deserves a much more elaborate notice than I am now able to give it, but its suggestion may possibly breed other thoughts of some value in the application of our remedies to the cure of disease.

* I wish here to say that, in the treatment of scarlatina, I know of no one remedy so indispensable as *Apis mellifica*.

HEPATIC ABSCESS: A CASE.

By G. W. BOWEN, M.D.

Mr. B——, aged 46, weighing usually 136 pounds, residing on the banks of a sluggish stream, the Maumee, had been depressed for a month by sickness of his son and wife (with typhoid fever). He had been compelled to attend to business through the day, and care for the sick ones at night, from the impossibility of procuring the necessary assistance.

He was taken, near the last of August, with a severe and prolonged chill, which was followed by a fever lasting nearly forty-eight hours. Complained of headache, nausea, bitter taste, thirst, dull pain in right hypochondrium, extending to right kidney; was slightly sallow; tongue white and dry. Had no pains to indicate severe congestion, or passive inflammation. On the subsidence of the fever, I easily defined enlargement, induration and abscess of the liver, apparently in the right lobe (*quadratus*), inferior surface. The slight pain and collateral indications would not enable me to discover any obstruction of the gall-duct by deposits; and the character of the passages, together with good digestion before the attack, seemed to confirm me in the impression that the gall-duct had performed its allotted duty since the accumulation had taken place. Everything indicated that the abscess had been forming for weeks. The only question before me was to free the system from the accumulated matter. How was it to be done?

I had used the trochar in a similar case, but in this I did not deem it safe, surrounded as his house was with rank vegetation, which was stealing from every breeze much of the oxygen that he would need. The deteriorated quality of the water they were compelled to use, together with the arid, unhealthy atmosphere pervading, producing a strong typhoidal tendency in every case; to which add only convalescents for nurses, and there would be found sufficient reason to doubt

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the safety of attempting absorption. My efforts must be, to keep my patient as near the perspiratory point as possible, and thereby encourage a tendency to secretion and easier solution. *Aconite*, *Belladonna*, *Baptisia*, *Hepar sulphuris*, *Nux* and *Mercurius* rendered me valuable service, and all worked satisfactorily until the abscess had obtained such dimensions as to indicate that it would soon break its bounds, which I could only hope would be into the gall-duct. I had made all arrangements to hasten to his side when the tissues should give way, knowing that he would then sink, and perhaps forever; but, so well had I timed it, that I had been waiting by his bed-side half an hour, when, on a slight movement, the abscess gave way, and the cold perspiration started, and with a cry of anguish he sank apparently away. Brandy and water were given every few moments, with occasionally a dose of *Belladonna* or *Arsenicum*. On applying my ear over the anterior lobe of the liver and the duodenum, I could hear the gurgling of matter. But few can realize my anxiety for the next half hour; for, if the abscess had broken as expected, he was saved — if not, he must die. Medication and encouragement rallied him, and soon the clammy perspiration was changed to a reasonable degree of warmth, and the question was soon settled by the matter passing through the intestines. Now my anxiety seemed destined to be relieved, for the rest was obviously an easy affair; but it was easier to plan than to execute. For a few days I encouraged the discharge of the morbid product, and after over a pint had passed, and all soreness had apparently subsided, I fondly believed that it was prudent to cut off the supply and cause healthy granulation to fill the cavity. *Causticum*, *Chinu* and crushed sugar were given, and did much to diminish the amount discharged and to sustain the system. But unfortunately he was allowed to lie too long on the right side, which caused an adhesion of the orifice to take place. I did not see him for nearly twenty-four hours after this occurrence had taken place. In his weakened condition I feared to proceed to absorption. Had it been cold weather, it would have been safe enough; but now I was apprehensive of typhus fever or peritonitis. Typhoid could

not have resulted ; had it been probable, the risk would have been taken. Every hour's delay rendered the orifice still more tightly sealed. The fever, which had been preceded by a chill, must be subdued and kept under control, and the same process must be repeated of favoring solution, as it was out of my power to aid otherwise the reopening of the escape-valve. Manipulation was resorted to, but it could not be endured ; therefore cold water compresses were applied, and segregation of matter again encouraged. Whether his tonicity was better, or I had injudiciously retarded the discharge of matter, I can not say. Again the cavity was not only filled, but it assumed frightful proportions, producing such compression of the right lung as to deprive the patient of its use entirely. At this time, being thoroughly exhausted by want of rest and proper nourishment, I felt compelled to summon to my aid two other physicians (one of the old school) to get their opinion in regard to the propriety of using the trochar, fearing to trust to my own judgment. According to their opinion, he was *in articulo mortis*, and the act it was deemed would be highly injudicious, as it would be impossible to carry him through the necessary subsequent peritonitis, should he survive the operation. He was gratuitously advised of his speedy demise by one of them, and I was left to face death or fight it off. Thank fortune, the abscess soon broke, and no question can be entertained but that it occurred in the same place. Of course he sank and became wet with cold, clammy perspiration. Brandy, *Belladonna*, *China* and *Arsenicum* were given, and for three long, long hours I sat by his bedside, holding his hand, looking him steadily in the face, and assuring him that the circulation was being reëstablished ; that the pulse was improving, getting a little stronger ; that he must keep up his courage and he would pass through the crisis. And yet, Oh, heavens ! not a sign of pulsation could I feel during all that time ! But it came at last, faint and feeble of course, and then that almost fatal stupor ensued ; but he nobly aided me to resist until reaction was fully established, and he was again safely carried through. But even here I should have lost my patient, after so long a contest, had it not been for the kind

assistance of my friend, Dr. Lewis, who took partial charge of the case until I could get a little of the rest I so much needed. There was more than a quart of matter in the abscess the last time, and the discharge was allowed to go on more than a month before it was again closed. Gradually the patient's strength was restored, and he returned to duty, with a loss of only three months time, and is now as well as he ever was.

CLINICAL NOTES AND SUGGESTIONS.

BY A. E. SMALL, M.D.

ARNICA IN NEPHRITIS.

N. D. H., Esq., a well-known merchant of Louisville, Ky., while on a visit to his daughter in Chicago, was suddenly seized by intense colicky pains, affecting the stomach and bowels. These pains were preceded by a chill and were attended with nausea and vomiting, which afforded no relief, but on the contrary the vomiting produced the most excruciating and agonizing pains in the epigastric region, extending to the right hypochondrium, and downward to the groin. There was also some pain in the region of the lumbar vertebrae. Urination was difficult and urine scanty,—the urine was of a dark color, and deposited a thick, brown sediment. A distinguished professor of the allopathic school pronounced the disease "biliary colic, caused by concretions in the gall duct," and to allay the pain he prescribed large doses of *Morphine*. But as this accomplished but little, another eminent physician of the same school was called in, who diagnosed the disease as inflammation of the stomach, and prescribed opiates in massive doses. After the elapse of several days, no relief having been obtained, the last named physician was superseded by one of the homeopathic school, who, after a careful examination, pronounced the disease a renal inflammation, for which he prescribed *Tincture of Arnica* in drop doses in water,

to be given at intervals of thirty minutes. The first dose was followed by relief from pain, and after taking the third dose the patient was completely at ease and fell into a quiet slumber. The friends of the patient, however, attributed the relief to the effects of the opiates which had previously been administered. Three days after the pain returned, and *Arnica*, as before, was administered, and complete relief followed in less than one hour. The patient being convinced that *Arnica* produced the relief, resorted to no other remedy, and convalescence took place rapidly. Four months have elapsed, and but two or three indications of a return of the suffering have occurred since, and these were quickly subdued by *Arnica*. The patient, who is sixty-three years of age, is now in comparative good health.

Arnica was administered to a lady aged fifty, while suffering the most agonizing pains in the back and hips, such as were indicative of trouble in the ureters from the passage of calculi. She represented the pains to be piercing, as if knives were plunged into the region of the kidneys. She was chilly and inclined to vomiting. She had taken two and a half grains of *Sulphate of Morphia*, which afforded no relief. Another half grain was ordered by the physician to be taken in an hour, if no relief ensued from the first. In the meantime her physician of the homœopathic school arrived. She being still in agony, and suffering, in addition, with violent tenesmus of the bladder, fifteen drops of the first decimal dilution of *Arnica* was put in half a tumbler of water, and a dessertspoonful was directed to be given. Before a half hour had passed the patient said she was greatly relieved,—that it seemed to her that the medicine went directly to the seat of suffering and gave relief. The physician who gave the *Morphine* being present, claimed the result as a triumph of the drug over the pain. But six hours of extreme agony had elapsed, and the patient had vomited profusely after each dose of the *Morphine*, with no relief whatever from pain. It therefore seemed probable that *Arnica* procured the relief. A few weeks afterwards she had another slight attack, which a single dose of the *Arnica* cured, since which she has enjoyed good health.

Arnica has been given with marked success in other cases of renal inflammation, and in those cases accompanied by cystitis and tenesmus of the bladder. *Nephritic* difficulties are often the result of injury from particles excreted from the kidneys, that find a difficult passage through the renal tubules. In all such cases no remedy acts more promptly and beneficially than *Arnica*.

AGARICUS MUSCARIUS IN CHRONIC VERTIGO.

Agaricus Muscarius has been found exceedingly useful in several cases of vertigo of long standing, where the victims are unusually sensitive to cold air.

BAPTISIA TINTORIA IN TYPHOID FEVERS.

Baptisia Tinc. has generally proved a useful remedy in my hands in low fevers, where the tongue is coated thickly with a yellowish brown coating, and where there is a sickening, putrid odor of the breath.

COPAIVA IN HÆMOPTYSIS.

Copaiva has proved itself one of the best remedies for hæmoptysis, as well as for tenesmus of the bladder and urethritis. It has repeatedly been employed with great advantage in bronchial catarrh, soreness of the chest, and cough.

DROSERA IN COUGH AFTER MEASLES.

Drosera has been salutary in curing the cough which marks the sequelæ of measles, especially when it occurs in paroxysms, and is worse in the afternoon and evening. It has been administered by me in a large number of these cases, even when the cough was attended with bloody and purulent expectoration, and the result was generally favorable.

FERRUM METALLICUM IN OCTAN FEVERS.

Ferrum Metallicum cured a case of octan fever. The paroxysms occurred every eighth day, with a severe chill in the evening, attended with vomiting and labored respiration.

GRAPHITES FOR ULCERS.

Graphites cured an ulcer of the leg of long standing, which discharged fetid pus. It also cured a perineal abscess which had been a source of suffering to the lady for several years. It appears to be a valuable remedy for erysipelatous inflammations, and inflammations affecting the glands, especially where there is great emaciation. It has also been employed successfully in humid tetter and eruptions, particularly behind the ears and in the bend of the joints.

HELLEBORUS NIGER IN DROPSY.

Helleborus Niger exerts a beneficial effect in the cure of anasarca following scarlatina, and other dropsical swellings supervening upon exanthematous diseases. A case of acute hydrocephalus was cured by the third dilution, and also several cases of hydrothorax supervening upon exanthematous fevers.

HEPAR SULPHURIS IN CHRONIC CORYZA.

Hepar Sulphuris has cured chronic catarrh attended with pain and suffering of the head, and particularly when the Schneiderian membrane is inflamed and the nose feels sore. It is also a valuable remedy to hasten suppuration of quinsy and boils. It is a valuable remedy to prescribe after *Aconite* in catarrhal croup.

HYOSCIAMUS FOR RETENTION OF URINE.

Hyosciamus has been found a valuable remedy for retention of urine, especially in children suffering from affections of the head, and for the retention of urine, after labor, in lying-in women. It also cures affections caused by fright, spasms, convulsions and tetanus.

HYPERICUM IN TRAUMATIC INJURIES OF THE NERVES.

Hypericum is a valuable remedy for traumatic fever caused by lacerated nerves, and is believed to be a preventive of lock-

jaw. It is a valuable remedy for external use when mechanical injuries lacerate or tear the nerves.

IGNATIA IN PRÆCORDIAL PAIN AND DISTRESS.

Ignatia has been found a valuable remedy for pains in the cardiac region, with sensation of weight on the chest, and palpitation, and especially when there is an inclination to sigh, or a manifestation of sadness, and weeping.

IODINE IN DRY COUGH AND GOITRE.

Iodine will cure a dry, croupy cough, when the mucous membrane of the larynx and trachea is dry and the mucus secreted is hard and tough. It has cured goitre and swelling and induration of the inguinal glands.

IPECACUANHA FOR BLOODY DYSENTERY AND ASTHMA.

Ipecacuanha has cured many cases of dysentery in children, when the stools were bloody and there was much straining at every stool. It has relieved irritable conditions of the stomach, and experience proves it to be an invaluable remedy in asthma, when the disease comes on in paroxysms, attended with rapid and anxious breathing, amounting almost to suffocation. It will cure a dry, racking cough, when other remedies fail.

IRIS VERSICOLOR IN SICK HEADACHE.

Iris Versicolor, in the 6th decimal attenuation, will seldom fail of relieving sick headache attended with vomiting of bilious matters, when the headache assumes the form of hemcrania of the right side; and during the cholera season it was found of great value in quickly subduing diarrhoea attended with colic and rumbling of the bowels.

KALI BICHROMICUM IN CROUP.

Kali Bichromicum cured a fat child of a severe attack of croup. It was administered in drop doses of the 6th dilution

every thirty minutes. The third dose proved to be all that was necessary to establish convalescence. This remedy is undoubtedly of great value in the treatment of diphtheria, especially in the incipient stage.

KALI CARBONICUM.

Kali Carbonicum has proved itself suitable for leuco-phlegmatic temperaments, subject to rheumatism and cough, characterized by a variable pulse, more rapid in the morning and less so in the evening. It is also a valuable remedy for asthma in old people, and for dropsical swellings.

KALI HYDRIODICUM.

Kali Hydriodicum, against the abuse of *Mercury*, and for some pains in the hip joints and bones. Cases of chronic catarrh in scrofulous persons have been cured. A case of nursing sore mouth, with deep fissures in the tongue, and corroding ulcers of the tongue and the inner surface of the cheeks, was cured by this remedy, when other means failed.

LACHESIS IN ANGINA.

Lachesis.—A case of sensitive sore throat in a lady, which had troubled her more or less for years, was cured by a few doses of *Lachesis*. It has been found useful in the treatment of carbuncles, gangrenous and bleeding ulcers. One of the most prominent uses of this remedy is its efficacy in removing many of the disagreeable sufferings incident to the climacteric period in women. It has been usefully employed in diphtheria and quinsy, when the throat was exceedingly sensitive and inclined to bleed.

LAURO-CERASUS IN PHthisis PULMONALIS.

Lauro-Cerasus.—The clinical use of this remedy in phthisis has given satisfactory results, and also in complicated diseases of the chest, involving the heart. In a case of cough and expectoration of bloody mucus, rattling in the chest, with more

or less dyspnœa and oppression, and also fluttering about the heart, not only great relief was obtained by this remedy but a complete recovery of the patient.

LYCOPodium IN CONSTIPATION AND BRONCHIAL INFLAMMATION.

Lycopodium.—Tedious constipation has frequently yielded to this remedy. Deep-seated bronchial inflammation has been cured by it. A child suffering from latent typhoid pneumonia, and believed to be past cure, recovered after taking five or six doses of the 200th of this remedy.

MERCURIUS VIVUS IN URINARY TROUBLES.

Mercurius Vivus.—Frequent urination, rather scanty and involuntary, was complained of by a gentleman of sixty. A few doses of *Merc. Viv.*^{oo} effected a cure; and it is believed that this is one of the best remedies to employ against enuresis in children, especially of nocturnal enuresis, as many have been cured by it. Its general use is found in the treatment of hepatic and syphilitic difficulties.

MERCURIUS JODATUS IN CHANCER.

Mercurius Jodatus.—Painless chancres are often cured by this remedy alone. It is a valuable remedy for mucous sore throat indicated by difficult deglutition.

MOSCHUS IN NERVOUS PROSTRATION.

Moschus, employed in the 3d dilution, was administered to a lady of lymphatic temperament, who complained of much uneasiness around the heart. She was inclined to faint easily. She also suffered more or less from pain in the back and restless nights. She evidently suffered from a sluggish circulation, and seemed to be the victim of stagnation every time she slept, and therefore she required to be aroused every little while.

MURIATIC ACID FOR COLLAPSE.

Muriatic Acid has been advantageously employed in exhausted states of the system, as in the collapse of cholera,

or abdominal typhus, with tympanites. The peculiar characteristic symptom for the use of *Muriatic Acid* is in the entire absence of thirst in both the cold and hot stage of fevers.

NUX VOMICA IN THREATENED CANCER.

Nux Vomica has subdued chronic inflammation of the stomach, almost if not quite of a cancerous character. The patient vomited continually a black substance mixed with mucus and the gastric fluid. A dose of this remedy given at night every twenty-four hours for two weeks cured a case of prolapsus uteri of long standing. It is a valuable remedy for acute rheumatism, and has cured many cases of dyspepsia and flatulent colic after eating. We have found it an excellent nervine for persons suffering from the effects of intoxication.

NATRUM MURIATICUM IN ERUPTIONS.

Natrum Muriaticum cured an eruption upon the scalp of a bald-headed physician, which presented a pretty disagreeable appearance. The peculiarity of this eruption was the successive layers of a thick scab, which came off when it had formed, and was reproduced again in a short time. It has also cured furfuraceous tetter and rashes upon the skin.

NITRIC ACID FOR MERCURIALIZATION, ETC.

Nitric Acid has cured the pernicious effects of *Mercury* upon the mouth, producing ulcers upon the tongue, which are sinarting and burning. It has also cured gum boils and putrid inflammation of the gums. It has also been a useful remedy in scrofulous ophthalmia.

OPIUM.

Opium may be advantageously employed in curing the effects of fright, and in delirium tremens.

PETROLEUM IN HYPOCHONDRIA.

Petroleum.—We have given *Petroleum* to hypochondriacal persons who dread the open air, and for pulsative pains in the

neck of the bladder, and with good success. M. S., æt. 61, had a troublesome cough and oppression of the chest, and was in a melancholy mood, imagining that but little time was allowed to make his will. A few doses of *Petroleum*^{**} changed the entire condition of his system, and brought about good health.

HYDRATE OF CHLORAL.

BY E. M. HALE, M.D.

This new and unique drug is quite the fashion now with the allopathic school. Such is the favor that it meets with, that it will not be strange if *Opium* and its preparations will suffer badly in comparison.

It would be a God-send indeed, if it could take the place of *Opium*, which has been so indiscriminately used for the last four hundred years.

It has been asserted by its friends that the *Chloral* is "perfectly safe," but this assertion must be taken with some grains of allowance. That it is far safer than *Opium*, we can readily believe. We have used it in several cases, where sleep was very necessary, or relief from pain imperative, and must say that we are pleased with its effects.

We can afford, however, to allow the opposite school to test its effects in massive doses, and in all diseases, before we indulge largely in its administration. Their experience may be of great value to us, if we carefully select illustrative cases from their reports.

It has been claimed that it will, in nearly all cases, abolish *pain*, but in a case which came under my observation, a dose of 60 grs. appeared to aggravate a neuralgia of the face, and caused no sleep.

In a case of *mania a potu*, a 60-grain dose did not quiet the patient, and appeared to cause distressing sensations in the head.

Dr. J. R. Reynolds writes to the "London Practitioner" an account of a case of poisoning by the *Chloral*, that merits a careful perusal. "I was called," he says, "to see a lady of middle age, who had, for relief of neuralgia, taken *Hydrate of Chloral*. On the third day before my seeing her, she had taken gr. 10, and gr. 15, and had found much relief. On the day before, she had taken a much larger dose, with good effect. On the day of my being summoned, the dose had been increased to gr. 45, and gr. 50, and there had followed complete relief of pain; but in the course of an hour some 'faintness' was felt, and when I saw her this had increased to an alarming degree. Two hours had passed since that last dose was taken, and I found the patient with *cold extremities, an excessively rapid, weak, irregular, and intermittent pulse, jactitation of the limbs, an intolerable sense of sinking, and oppression at the pit of the stomach, gasping breathing, and confusion of thought*. I observed at this time, and for three-quarters of an hour subsequently, that the *radial, temporal, and tibial pulses*, were all of the character I now describe,—*frequent, weak, irregular, in both force and rhythm, and frequently intermittent*, but that the *heart was acting regularly*, although with *increased frequency and diminished force*.

"Stimulants, with white of egg, were administered freely, warmth was applied to the extremities, sinapisms were put on the cardiac region, fresh air was introduced plentifully into the room, and at the end of an hour from my first seeing the patient, the pulse had become much steadier, though still very frequent and very weak. The syncopal feeling had diminished, the feet were warm, and there was a tendency to sleep.

"This state of comparative freedom from urgently dangerous symptoms, lasted for longer than an hour, when—without any apparent cause—they returned with increased severity. The patient now seemed in the gravest danger. The *superficial pulses were almost imperceptible*; and, when they could be detected, presented the character I have described. Still the heart was regular in its beat, although feeble, and intensely rapid in its pulsations. The *mind wandered much*;

there was *utter prostration of muscular strength, the limbs being extended, the head low, and the aspect was at times that of impending dissolution.* There was great *dyspnea*, a sense of *suffocation, oppression, at the base of the chest* (in front), and *urgent thirst*.

"The treatment previously adopted, was again pushed vigorously, and, at the end of an hour and a half, relief was obtained, and sleep followed. The next morning I found the pulse quite regular, and of its normal frequency. The points of interest that occurred to me were: 1st, the dose; 2d, the time between its administration and the appearance of symptoms; 3d, the recurrence of symptoms after their temporary cessation; 4th, the curious effect on the vessels, which was obviously not due to effect on the heart; 5th, the relief by food and stimulants. I found that the albumen of two eggs was followed by a calming effect and a tendency to sleep."

I have *italicized* those symptoms which were pathogenetic. They remind one of the symptoms of aconite poisoning, somewhat.

The *Chloral* is, according to Reynolds, not so harmless a drug as some would have us believe.

A case is reported lately, in which a man took *seven drachms* in one night, and awoke the next morning with *both legs paralyzed* below the knees. The paralysis, however, wore off during the day.

It seems, however, that the *Chloral* does have some curative influence in certain dangerous diseases. A large number of them I have collected and cited in the "American Homœopathic Observer," for October.

A case of *traumatic tetanus* was recently reported in the Nashville "Journal of Medicine," in which the *Chloral* was given in fifteen-grain doses, repeated every three or four hours, and cured in eight days, during which time the quantity taken during the twenty-four hours varied from thirty to ninety grains, in doses of fifteen grains.

A case of *Chorea* is reported in the "Chicago Medical Journal," in which the poor patient had been subjected to all the inhuman tortures the allopathic attendant could desire:

"The disease was first manifested in the twitching of the muscles of the face, which gradually extended to the left arm. I found her the most pitiable object I ever beheld. She could neither lie nor stand, but was continually in motion, every muscle of her body partaking of irregular motion; her face drawn into the most ludicrous grimaces; her head, limbs, and body in constant motion, and she could not utter a single syllable. She had to be fed by her friends, and very often swallowed both her food and medicine with great difficulty. She had slept but very little for more than ten days, and even when she would get into a disturbed rest, she would awaken in the most terrible alarm, and scream and cry to the extent of her ability, and listen to no attempt that was made to quiet her, till she would be completely exhausted, so that she was in imminent danger, any moment, of going into general convulsions. She had become anaemic and very much emaciated, and the vital forces were nearly exhausted."

She did not improve at all, under the most powerful tonics, until she took two grains of *Chloral* at night. Half an hour after the dose, she went to sleep. She slept seven hours. She was quieter the next day. She took the *Chloral* every night for a week, when she was so far improved that its use was abandoned. The writer judged, and perhaps correctly, that if he could cause good, refreshing sleep, that half the battle was won.

The same exigency sometimes occurs in homœopathic practice, in the treatment of chorea, delirium tremens, and other diseases, where no sleep is had for days and even weeks, when, if we can cause one night of good sleep, our specific remedies will act with far greater power.

It would not be strange, however, and I believe it will be proven—if *Chloral* is found to be homœopathic, secondarily, to chorea, spasm, and delirium, with *sleeplessness*. The case of poisoning above quoted, certainly points that way.

I had a singularly intractable case of diarrhoea during teething, this summer. Many remedies were carefully selected and tried, but did not seem to do much good until I gave ten grains of *Chloral* every night to cause sleep, which had been

almost entirely absent for a week. The child slept beautifully every night, and the diarrhoea steadily improved after the first night, and was cured in a few days. This case may or may not illustrate the value of *Chloral* to hasten the cure by inducing sleep.

SURGICAL CLINIC OF THE HAHNEMANN MEDICAL COLLEGE, CHICAGO.*

SERVICE OF PROF. W. DANFORTH.

(Reported by A. E. Ingersoll, M.D., of Helena, Montana)

PROCIDENTIA UTERI OF FIFTEEN YEARS DURATION.—*Case VIII.*

GENTLEMEN: You remember that we had to take this patient over to Scammon Hospital to perform the operation, and that our last report stated that "the operation was performed with every prospect of success."

I wish now (February 20th) to state to you that the operation was a tedious one of three hours duration. We took fifteen stitches with the silver wire, uniting the denuded surfaces as perfectly as possible, and enjoining rest upon her back for ten days, during which time the bladder was emptied every four or five hours by the catheter, the bowels being constipated by small doses of *Opium*, so as to allow the cut surfaces to unite before an action should endanger their union. The vagina was injected twice a day with calendula water. Patient put upon a light diet.

She rested comfortably for three days, when severe abdominal pain was experienced, which lasted six or eight hours, inducing the fear that possibly we had passed our needles too deeply, piercing the walls of the bladder, or the peritoneum. The pain finally yielded, under the administration of *Aconite* and *Arnica*, and she progressed without an untoward symptom

*Continued from page 220.

until the sixth day, when she felt a strong inclination to evacuate the bowels. The nurse, following out instructions, gave her a full enema of warm soap-suds, securing a free movement without pain or tenesmus. No unpleasant symptoms occurred after this. The stitches were removed on the tenth day. Complete union of the denuded surfaces had occurred. She was allowed to pass her urine without the catheter after this, and on the fourteenth day she sat up in an easy chair. From this time she gained rapidly, so that she was able to walk about the hospital three weeks after the operation, without a return of the procidentia. Two months afterward (February 13th) she writes from Muskegon, Michigan, as follows: "I have done a number of washings, and have walked a mile or more and back twice a week, ever since I came home, and have no return of my old trouble."

This case may be regarded as cured by the operation, and should encourage the class to operate for the relief of such extreme conditions with confidence of success.

FISSURE OF THE ANUS.—*Case IX.*

John F., aged 40, nervous sanguine temperament, comes before you to-day (December 20th, 1870), complaining of severe—I may say intolerable—pain in the rectum, following every action of the bowels. The pain in this case is somewhat peculiar,—not so severe during as after the passage, when it amounts to agony. The faeces are hard, and occasionally streaked with blood. He has been treated for hemorrhoids, by a distinguished specialist in the city, for the past eight weeks, growing worse all the time. The pain is so severe as to deprive him of sleep. He says that he is in great agony fully one-half the time—that *Opium* affords no relief. He has used suppositories of *Belladonna* and *Morphine*, and has had *Nitrate of Silver* applied to the anus and rectum on general principles, to see if they would not stop the pain—all to no purpose. He tells you to-day that unless he gets relief soon he believes he shall die; he can not live in this distress much longer. Gentlemen, would you think it possible that all this

agony could result from a slight crack or fissure just at the verge of the anus? It would seem incredible, and yet I expect to demonstrate the possibility of it to you to-day.

We place him upon this table on his left side, with his knees flexed (Sims' position); we use Sims' uterine speculum by preference, as experience proves it to be better than any anal speculum yet invented; you see that it passes with some difficulty through the sphincter; we draw it aside toward the tuber ischii, and you at once discover a fissure on the posterior verge of the anus; there are no hemorrhoids visible — actually none present. This man has suffered all this agony from this slight fissure, and ought to have been cured of it six months ago. We shall give him *Ether*; he is now insensible to pain; we remove the speculum, introduce both thumbs, and forcibly dilate the sphincter muscle; I now feel it give way; it is torn and ruptured; my thumbs rest closely against the tubera ischii, and now we snip out the fissure with these small scissors, leaving a raw surface which will readily heal; this is all we have to do to cure the fissure and relieve this man of the great agony he has suffered for six months past. This little fissure kept the sphincter muscle constantly irritated (shut down tight like a money purse), and this constant irritation provoked the pain, constipating his bowels, causing him to resist a movement as long as he could; when he could resist no longer, he yielded to the passage of dry hard faeces, which caused pain and bleeding, and re-awakened a long-continued agony. We rupture the sphincter in this case because we thereby remove all resistance to the discharge of the faecal contents of the bowels; we snip out the fissure so as to destroy its irritability, and by freshening the surfaces we admit of their immediate union, — thus obliterating the fissure completely. You ask if we can not cure the fissure without rupturing the sphincter? Yes; but not as certainly or quickly, — and I know of no objection to the practice; no untoward results follow; it is a simple and harmless procedure, and one that ensures success in these operations.

We find a stricture of the rectum in this case, about three inches above the sphincter. This, too, had been overlooked

by the specialist, who has treated our patient for piles. The rupture of the sphincter admits of the use of a larger speculum, and we can explore the rectum as easily as we do the vagina. This stricture will have to be treated with a bougie, or dilator, which must be introduced every week and retained for twenty or thirty minutes. This, together with the use of such remedies as will keep the bowels in a natural state, will be likely to result in a cure of the case.

(*Note.*—This patient came before the class a week after the operation, saying that he had experienced entire relief from all the distressing pain he had suffered so long, resting well at night, without anodynes.)

PAROTID TUMOR, REMOVAL.—*Case X.*

H. A., of Wisconsin, 50 years of age.

You notice this tumor, gentlemen ; it occupies the right side of the face, pushes the ear considerably upward, is attached to the ramus of the jaw, dips down deeply into the neck, protrudes externally ; is ulcerated on the surface, discharging a bloody ichor, and is attended with intolerable pain. Is it cancer ? Three years ago he first noticed the formation of a little scab on the lobule of his ear ; it peeled off readily ; formed again ; a few shot-like kernels appeared along the anterior border of the sterno-mastoid muscle ; they were quite loose under the skin, and attended with no pain or inconvenience. He called Dr. R.'s attention to his case, who snipped out the little kernels and applied some ointment, which seemed to heal the ear, and he experienced no further trouble for more than two years, when he noticed a swelling on his neck just below the ear, which, although small at the beginning, continued to grow quite rapidly to the size of a pistol ball, and there its development seemed to stop. Dr. R. again applied his ointment, which, however, did no good. The little tumor now grew painful, and enlarged slowly, (this in September, '70,) causing him serious inconvenience and apprehension. A cancer doctor (there is always one in the neighborhood,) called to see him and told him he could take it out

at once without pain. He was employed, and pasted the tumor diligently for two months, during which time it increased rapidly, became indurated, rendering the lower jaw immovable, ulcerating as you see now, and in every way defying a cure. The cancer doctor gives up the case as incurable.

Mr. A. has been without any treatment for a month past, and has suffered severe pain, being unable to rest at night, and comes here (December 28, '70,) hoping to get relief from this intolerable trouble. It is worthy of remark that there is no cancer in his family history ; his habits are good, strictly temperate ; and the question, "What the tumor is?" demands our most serious consideration.

We invoke the aid of the microscope, and are enabled to arrive at a reasonably satisfactory conclusion by a careful examination of the minute structure of the mass.

It is cancer. You ask how we determine this? *First*, by the general appearance of the tumor ; it is hard and painful, (not tender to the touch,) but attended by intolerable pain at night, preventing sleep. The structures it invades are infiltrated, the adjacent tissues indurated. It has ulcerated on the surface, and bleeds easily if even slightly touched. It occurs at an age favorable to cancer ; it grows steadily worse. The skin covering it is dark purple. All these signs induce the suspicion that it is a cancer ; we cut off a very thin slice of the ulcerated surface, and examine it with the microscope ; free nuclei, and nucleated cells, appear in great abundance ; the peculiar oval-shaped cell containing nuclei, which, when formed in this connection, may be taken as evidence of cancer, are here in myriads ; and while we can not say that their presence alone is an infallible index of carcinoma, yet they become *conclusive* when found under the circumstances that attend their presence in this case. *Extirpation* is the only remedy here, and this will be of questionable value. We have stated as much to him and to his friends, and they insist on its removal. As precautionary against hemorrhage, I have provided this charcoal furnace and these hot irons ; this ether spray ; this salt and ice, and this persulphate of iron. We can not say in advance how much hemorrhage we shall en-

counter. It may be terrific, defying every remedy but the hot iron ; we must be fully prepared for the worst. I have asked the assistance of Profs. Mitchell and Lord ; our friend and counselor, Dr. D. S. Smith, is in the amphitheatre, watching, waiting, and ready to aid.

We bring the patient under the influence of *Ether*, make an elliptical incision including the ulcerated portion of the mass, commencing the incision in front of the middle of the ear and extending it about four inches down the neck ; we reflect the integuments and expose the tumor, which we find to be a granular mass of cancer cells ; we cut and dig the tumor out. You see it involves the entire parotid. We are obliged to divide the facial nerve. We remove the entire parotid gland. Here you see the external carotid. We break down the granular mass through which it runs, dig it out, and leave the artery intact. You see the digastric muscle, the lingual nerve running along its upper border ; we avoid the division of the spinal accessory, and now we scrape out the remains of the growth. We must remove every vestige of the diseased structure, else the operation will be of no avail. We have made a deep fissure here ; the broken mass that occupied it (consisting of the parotid gland and diseased structure) will weigh two pounds, and yet we have encountered no severe hemorrhage.

We fill the chasm with lint wet with carbolized water ; the skin does not cover the wound ; it will heal by granulation, requiring a month or two to fill up ; it must be dressed daily with lint or cotton dipped in a weak solution of carbolic acid, and the patient well nourished and kept as free as possible from trouble and excitement.

(*Note*.—Mr. Allen was removed to Scammon Hospital, and was entirely free from the intolerable pain he had so long experienced ; the wound filled up rapidly, and he went home thirty days after the operation, feeling quite well.)

STRABISMUS.—*Case XI.*

Hattie S., Chicago, aged 18 ; left eye convergent (four years standing). Dec. 29, '70, we place her in this chair, and ope-

rate without *Ether*. An assistant holds her head, another holds the eye outward with these rat-toothed forceps (or this double hook), being very careful not to injure the cornea. We lift a fold of the conjunctiva, snip it through with these fine scissors (and it is not material whether the slit is vertical or longitudinal), pass this blunt hook through the opening, and (knowing the locality) pass it under the tendon of the internal rectus, and bring it forward sufficiently to admit of easy section with the scissors. Now, we rest a minute. The eye is not straight yet; we shall have to loosen the sub-conjunctival tissue, so as to free the ball; this we do with the blunt hook (or with a silver probe), and you see the eye looks almost straight forward.

You should perform these operations without fear, as they require only ordinary ability, and there is no danger attendant upon them.

STRABISMUS.—Case XII.

Fannie S., aged 7, Camden, Ill. Here we have another case of convergent strabismus of the left eye to operate upon, to-day (January 5th, '71). This patient had conjunctival inflammation when a year old, and since then the eye has turned in. We divide the tendon of the internal rectus, as in the case before the class last week, and with the same result. It is worthy of remark that the operation causes less pain than you would think. You see this little girl bears it well, and does not wince under it.

This child is sickly, and there is danger that the operation will not work a cure of the trouble. If she should require further surgical treatment, the internal recti muscles of both eyes will have to be severed.

HEMORRHOIDS WITH CONSTIPATION.—Case XIII.

Henry K., aged 34, from Sweden, comes to us (Jan. 10th, '71) for surgical treatment. Examination reveals a very close sphincter. There are no tumors prominent in his case, noth-

ing to cut or tie, but the finger is grasped with great force when passed through the sphincter. We put him under *Ether*, and now forcibly dilate the muscle (in fact, rupture it); we do this to obviate the retention of faecal matter, which lodges in the rectum and aggravates his case, causing pain, tenesmus, and discharge of blood. Now we give him *Nux* three times a day, with an occasional dose of *Sulphur*, and you will hear a good report from him. As I have said to you before, no danger attends the forcible dilatation of the sphincter muscle; but, on the contrary, it is corrective of many morbid conditions of the rectum.

NECROSIS OF THE TARSAL BONES — AMPUTATION THROUGH THE ANKLE.—*Case XIV.*

February 1st, 1871—Mrs. Phœbe G., aged 36, Oshkosh, Wis. Ten years ago this woman “stubbed” her toe against a chair, and since then her foot has been a constant trouble to her. For the past two years she has been compelled to go upon crutches.

You see that the foot is very much swollen. There is necrosis of the metatarsal bones. The foot is œdematosus, discharging very offensive pus from an ulcer over the cuboid bones. The stench is simply intolerable. She sleeps (under protest) only an hour or two at a time; her health is failing. There is no cure short of amputation, and this should have been practiced years ago.

We shall have to disarticulate the ankle (Syne's operation); it is all that we can do to cover the bones with a healthy flap at that.

We administer *Ether*, and amputate in the usual manner. You see there is no especial difficulty about all this. With the saw we take a thin slice off the tibia, including the malleolus, and secure the arteries by torsion instead of the ligature. Where the ligature is used, the flaps are less likely to unite by first intention. Some suppuration occurs about the silk, and the pus thus formed prevents early union. Torsion, upon the contrary, is as safe against hemorrhage, and admits of

immediate union. We bring the flaps together with silver wire, taking four stitches, and cover the stump with surgeon's lint, secured by a few turns of the roller. This is all the dressing needed, and it should not be removed for three or four days, so as to give the parts time to unite. Then it should be dressed daily.

It is worthy of remark that this operation ought always to be preferred to Perigoff's, as it gives us a more practical limb, and in every way assures better results.

STRICTURE OF THE LACHRYMAL DUCT.—*Case XV.*

Jno. H. S., aged 45, from Indiana, presented for treatment July 2d, '71.

Prof. Danforth invited Dr. W. H. Woodyatt, oculist, to examine and operate.

Dr. W. said that the prominent symptom in this case was excessive lachrymation, the tears running down over the face constantly. There was a closure of the canaliculus, and in a great majority of such cases you would find a stricture of the lachrymal canal also. Relief can be best obtained by slitting up the canaliculus as you see me do, and then passing a silver probe down through the canal. You must know the anatomy of the parts well, and then operate with great care, lest you do irreparable injury to your patient. You see that I am obliged to press with considerable force to effect a passage; the probe is pointed well backward; now it passes down the canal. This passage is to be maintained by the daily use of the probe until inflammation subsides.

HYDROCELE—OPERATION.—*Case XVI.*

William S., aged 37, from the interior of our State, comes to us (February 13th) for relief from this tumor. *What is it?* An army doctor stakes his reputation on its being an epiplocele, and advises an operation for hernia immediately. It was for this purpose that he came here. Shall we operate? We must first make our own diagnosis. There is no doubt about its

being a scrotal tumor. He says that it began to trouble him three years ago; that the swelling was confined to the lower part of the scrotum, and gradually increased to its present size. It is now large and hard, very hard. You can distinguish no fluctuation. It looks as though it might come from the inguinal canal. We apply the test of light. No ray is transmitted through it; it is as opaque as though it were omentum. We ask him to cough violently while standing; no impulse is imparted to it. We lay him down and attempt to reduce it; we cannot diminish its size. He says it has never gone back; always remained about the same.

Gentlemen, this is a Hydrocele, the army doctor to the contrary notwithstanding. It began as one, it developed as one, it has never gone back through the ring; it is not a Sarcocoele, and though quite hard it can be compressed slightly, and imparts to my hand an indistinct fluctuation. We seat him on this chair, and plunge the trocar into it, and it discharges a half pint of straw-colored serum. We inject an ounce of 50 per cent. *Tinc. Iodine*, and let it run out again. And now he will go over to Scainmon Hospital and await recovery. Swelling and inflammation will be likely to follow, inducing such a modification of the tunica vaginalis as to restore the balance between secretion and absorption, thus preventing a recurrence of the dropsy.

HYDROCELE — OPERATION.—*Case XVII.*

Chas. Smith, aged 36, comes from Paxton, Ill., Feb. 16, with this immense scrotal tumor, almost as large as a child's head, hard and very irregular. It has been diagnosed as a Sarcocoele, and he comes to have it cut out. It responds substantially to the same tests we have used in the previous case, only this,—it is larger, harder, and more irregular. It does not look like a Hydrocele, and yet we can not make anything else of it. It has troubled him for five years.

We plunge the trocar into it, and lo! a pint of serum is discharged. We shall not inject the sac until it fills partially again; the extreme size and tension induce the belief

that too much inflammation would result; better make haste slowly in this case — it is the safest way.

CONVERGENT STRABISMUS OF LEFT EYE, OF THIRTEEN YEARS DURATION.—*Case XVIII.*

Bruce L., aged 15, comes here, Feb. 17th, for relief from this serious deformity. We divide the tendon of the internal rectus in the same manner as heretofore, and you see the eye is greatly improved, almost straight. You will notice that in many of these cases the irritation excited by the operation is such as to prevent the eyes from remaining straight for a time, as in this case.

If, now, on rest for a while, it does not straighten sufficiently to suit us, we will divide the internal rectus of the sound eye, which will bring the visual axes of both parallel.

EDITORIAL.

SCIENCE AND HOMOEOPATHY.— We believe we are correct in saying that, since the origin of Homœopathy, it has conferred no benefit, directly or indirectly, upon science at large; its students have never developed a single fact or principle, nor made a single important discovery, in working out their system. Moreover, we may assert, no prominent advocate of Homœopathy has ever become known as a scientific man, nor has any man of high standing in the scientific world ever become an advocate of Homœopathy. If these statements are not facts, they can be readily disproved.—*Medical Times*, Philadelphia, Feb. 15th, 1871.

The venerable Walton never baited a hook more adroitly than did the writer of this paragraph when he penned it. Whatever Homœopathy may have done or failed to do for “science at large,” we believe we are correct in saying that, directly and indirectly, it has conferred more benefit upon the Art of Medicine than any and all causes combined. If it is the ultimate object of science to ameliorate and improve the condition of mankind, then whatever secures that end most assuredly aids its progress. Nor does it matter whether the means employed are made to operate through the machinery of old and already existing organizations. The seed which the gardener sows does not depend upon his mental bias or idiosyncrasy, but upon the soil and the sun for the aids to its germination and development; if the conditions are favorable, its flowers and its fruit will appear in due season, without regard to the rules and regulations of the horticultural society of which he may be a most worthy member.

We respectfully submit that there are three reasons why the disciples of Hahnemann, as a school of practitioners, have not done more for “science at large”:

1. Hitherto a species of intolerance has denied them position and membership in the scientific associations of this and other countries. This will be changed in the future.

2. They have been almost exclusively devoted to a defense of their doctrines and to a cultivation of the *Materia Medica*.
 3. The best physicians of the school have been too closely occupied with general practice to be able to afford the necessary leisure for scientific pursuits.
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HAVING reached the *ultima thule* of medical science, the American Medical Association (Allopathic) appears to have devoted itself finally to questions in politics and sociology. Its sessions in Washington were appropriated to the negro, and only last month they went all the way to San Francisco to discuss the woman question. This grand "Ecumenical Council of Doctors" may really be "a nerveless, spineless, inefficient organization," but it has done a good thing in abandoning Medicine for minor matters, and in placing so serious and important a trust exclusively in the care of the American Institute of Homœopathy. By reading the reports of the doings of these two national medical societies, and contrasting them, those who are disposed can readily decide which is the more worthy, dignified and honorable body. If we compare their meetings in Boston, or that of the Association in Washington, with our annual convention in Chicago in June last, the credit and reputation of our school will not suffer in the least; and we have no doubt that the sessions of the Institute in Philadelphia will be many times more profitable to those who participate in them, and more creditable to the profession at large than the late "preposterous pow-wow" of the American Medical Association in California.

The fact is, there is no need of two national medical societies. The American Institute of Homœopathy, being the oldest of the two existing organizations, was already in the field when the American Medical Association was formed. It is therefore the oldest, as it is the best. Events have proved that the younger body is superfluous, as well as disreputable. It should either disband, or devote itself entirely to something outside of medicine. Those of its members who are still determined to cultivate the sciences collateral to medicine had better come over and worship with us.

WE beg the indulgence of our readers for the delay in the appearance of this issue of the JOURNAL. When it was nearly all printed, it had to be laid aside in order to complete the current volume of Transactions of the American Institute. "Only this and nothing more." Our word for it, it will not occur again.

APROPOS to the season of the medical anniversaries, we take occasion to protest against a repetition of the inflictions from which, in common with the craft, the editors of this journal have heretofore suffered. They are: 1. The presentation, in convention, of half-digested, tedious, worthless reports. 2. Being bored by the essayist reading from a volume or volumes which are common property, and which could be more profitably read in one's office, or even in his carriage. 3. Being compelled to listen patiently to the reading of the same old paper by a brother who, no matter upon what medical subject he writes, always writes the same thing; and, last but not least, being told that this operation is original, or that instrument is new, when the one may date back to Liston and the other did literal execution in the hands of Dieffenbach.

THE REGULAR ANNUAL COMMENCEMENT of Hahnemann Medical College, Chicago, took place on the 22d of February, and was an occasion of more than ordinary interest. On the forenoon of that day the class and an appreciative audience of visitors assembled in the lecture-room, and were entertained with a lecture on Physiology, by Prof. Mitchell, which he illustrated by some instructive experiments. In the afternoon the audience-room was well filled by visitors, who had come to witness the final proceedings. The class, the largest that has ever attended this institution, numbered eighty-nine students, of whom thirty-six were graduates. A list of the graduates and students is appended. After the degrees had been conferred, R. N. Foster, M.D., delivered the Valedictory, which

was received with unalloyed and lively satisfaction by his hearers. The address was well adapted to the wants of a mixed audience, being a lucid exposition of the supremacy of Therapeutics in medicine, and of the fact that Homœopathy has made its extraordinary progress in the world by its therapeutic superiority, the people themselves being the judges. We subjoin a few extracts illustrative of this point:

" You have studied Homœopathic therapeutics. Your attention has been called therefore to the finer activities of the human organism in morbid conditions, to its more exquisite sensibilities and susceptibilities, to its minute and specific reactions,—not alone to the grosser febrile products, but also, and rather, to the earlier symptoms, the more delicate signs, the passing lights and shadows of disease. The body is an organ of expression. It is all language. Should a poet know this, and a physician, who holds the welfare of the body in his keeping, be ignorant of it? Should he have an ear for its shrieks, and none for its whispers? The faintest sign should be to him full of meaning. He should seek to interpret aright the first flush of fever, and be on the alert to catch the earliest intelligence of pain. For whether he discriminates nicely or not, the suffering body, with all its countless voices, will certainly speak with discrimination, and will have a new tone and another gesture for every change in its condition, an exact expression for every want. And, furthermore, Homœopathy has taught us that the body, with exactly equal precision—it must be so, *with exactly equal precision*—will respond to the specific medicinal influences that are brought to bear upon it. In this matter the physician may make many mistakes—the body never makes one. Even careful druggists have been known in moments of abstraction to mistake a poisonous for a harmless drug; but the body invariably discovers the error. It stands in definite and unalterable relation to each specific thing or drug in the universe, and whether in health or in disease, only let these substances be brought within the sphere of its sensibilities, and it will at once declare to each its unchangeable sympathy, or its equally undying animosity. And this sympathy and antipathy do not exist in the organism as a whole merely, but are displayed with equal energy and exactitude by its minutest parts. What one part will not have on any terms, another must have at whatever cost. There is little use in mixing drugs; the body will certainly analyze them accurately before it is through with them, and send each atom to its proper place. It is also as sensitive to quantity as to quality. Too much it indignantly expels; too little it quietly ignores. To the precise element required, the promptness of its response is oftentimes as surprising as a charm.

" Into the study of the bodily organization, its functions and sensibilities, on this exquisite plan, Homœopathy leads us, and brings us face to face with the very poetry of therapeutics. For there is poetry in it, 'appearances to the contrary notwithstanding.' Just as there is poetry in mathematics, poetry in astronomy, or in chemistry, or in every commonest thing

for that matter, if we have but the eyes to see and the good taste to appreciate it. Now, the careful, conscientious, thorough study of anything, always brings to view this latent poetry of its existence. Were it otherwise, no great scientist could ever have lived, for none of them could ever be happy in his work. There must be something in the study, or the work, that wins, and fascinates, and rewards, or we shall cease to pursue it; and this something we never find in the alphabets, but in the grandeur and beauty of the thought of which they ultimately become the translucent embodiment. And in the alphabet of medicine, which calls this drug a cathartic, and that an emetic, and another a narcotic; or in the theory and practice of the physician who uses drugs according to this exhaustive and brilliant analysis; and who studies the human organism after the same exalted plan; there is not much visible poetry; nor is there anything involved except the fee, that could possibly tempt such a man to persevere in his labors. Now, Homœopathy is the last advanced step of Therapeutics, a step which demands a finer and more thorough analysis of disease and its cure, a closer questioning therefore of the living, sentient organism itself, which leads, as we have said before, to the very poetry of Therapeutics, and makes the physician an artist. The moral of all this is, that if a physician would succeed, he must have a real love for his art and work, and that he will have this almost of necessity, if he has anything like a true and large comprehension of them. Any success not founded upon this basis is neither honorable nor desirable; it is either a rare stroke of luck, or the result of pretense and quackery.

"To the physician, Therapeutics — the art of healing — is everything. Anatomy, Physiology, Pathology, Chemistry, *Materia Medica*, and so forth — all these he calls 'branches' of medicine — but Therapeutics is the main trunk that unites and supports them all, and for its increase, sustenance and strength, they all elaborate their products. Not one of these branches has any real value whatsoever, except what it derives from its relation to Therapeutics; and when the physician enters into actual practice, he is for the first time in a position to realize adequately this fact. To enable us first to understand, and then to end or to alleviate the sufferings of the sick, is the one exclusive value of Gray and Dalton and Gross and Hahnemann, and all the rest of them. In medical science everything is for Therapeutics. That is all that the physician need care for in it, as it is certainly all for which his patient will care. You may understand your patient's anatomy to the smallest bone of him; you may describe to him the exact condition of his nauseated stomach, and trace before him with never so much professional rapture all the convolutions of his tortured intestines; you may make the results of *post mortem* investigation, in such cases as his, stand forth almost palpably to his senses; but the one vital interest to him after all is, Can you cure him? If not, your 'physic,' and your learning, 'to the dogs.' He 'will none of it.' This point is a very essential one for the physician. He who would be a successful practitioner must never lose sight of it. Therapeutics is not only the trunk of the medical sciences, it is a science *sui generis*; so that one might possibly be a

[April,

good anatomist, a good chemist, a good physiologist, and withal an exceedingly bad doctor. In studying the anatomy of his patient, he overlooks his health. Thus it is that the development of a doctor is like the growth of a tree. Watching either of them closely you will first notice the appearance above ground of two or three rather timid looking, half-unfolded, and very green leaves. The next thing to become visible is the central branch, then another branch, and another, and so on until the full complement is attained. Now, a superficial observer might readily be led to suppose that these rather prominent upshoots constituted the entire tree. But a further development corrects this illusion. In due time the main trunk appears. And in the case of the doctor, this main trunk is his Therapeutics. And it existed all the time, though hidden beneath the soil. Appearing last, it nevertheless is first."

We have no space for further quotations. The whole address was well worthy of the occasion, and made a decided impression upon those who heard it. It sounded the "key note" of homœopathic success, past and future. It is sufficient to add that the entire programme for the day was carried out in the happiest manner possible, leaving nothing to be desired by those who in any way participated. At such a time, and amidst such surroundings, it was impossible not to feel the assurance of a future of great usefulness for our College, and of still greater triumphs to be rapidly achieved by "Homœopathic Therapeutics" all the world over. The attendance at the Lectures of the "Spring Term" has amply confirmed this assurance in the former case, and we have seen no reason to modify it in the latter.

The Valedictory was responded to by A. E. Ingwersoll, M.D., of Montana, in a very becoming manner, and the assembly were then dismissed.

MATRICULANTS FOR THE SESSION OF 1870-1871.

NAMES.	RESIDENCE.	PRECEPTOR.
ADAMS, CHARLES.....	Illinois.....	Prof. J. S. Mitchell.
BARWELL, JOSEPH.....	Illinois.....	Prof. R. Ludlam.
BEEBE, E. W.....	Wisconsin.....	Practitioner.
BELLAMY, ALFRED D.....	Illinois.....	Prof. A. E. Small.
BENNETT, J. B.....	Kansas.....	Practitioner.
BERRICK, FRANCIS H.....	Michigan.....	Practitioner.
BIRD, H. C.....	Kansas.....	Dr. J. A. Rubicon.
BROWN, E. F.....	Michigan.....	Practitioner.
BLAKE, J. M.....	Montana.....	Dr. E. W. Beebe.

NAMES.	RESIDENCE.	PRECEPTOR.
BRANDEMUEHL, F., M.D.	Illinois.....	Practitioner.
CAMM, MRS. M. B.	Wisconsin.....	Mrs. F. Burritt, M.D.
CARNAHAN, MRS. L.	Kansas.....	Dr. C. M. Seeley.
CARTER, LEVI W.	Illinois.....	Practitioner.
CHAMPLIN, A. H., M.D.	Illinois.....	Practitioner.
CHESS, JAS. B.	Illinois.....	Prof. F. A. Lord.
CLARK, C. G., M.D.	Ohio.....	Practitioner.
CLARK, LAUREN J.	Wisconsin.....	Drs. Douglass & Perine.
CONDELL, WIL. R.	Illinois.....	Dr. C. F. Kuechler.
COOK, C. W.	Ohio.....	Dr. J. B. Hunt.
COOK, J. T.	Missouri.....	Faculty.
COWELL, MISS A. A.	Illinois.....	Dr. C. G. Cowell.
COWELL, MISS L. A.	Illinois.....	Dr. C. G. Cowell.
COWELL, GEO. E.	Illinois.....	Practitioner.
CRAFTS, EDWARD T.	Illinois.....	Dr. C. A. Williams.
DAL, JACOB.	Illinois.....	Faculty.
DANN, EDW'D F., M.D.	Wisconsin.....	Dr. H. D. Grindle.
DODGE, M. M.	Illinois.....	Faculty.
EVANS, C. H., M.D.	Illinois.....	Practitioner.
FARWELL, E. J.	Illinois.....	Practitioner.
FICK, OTTO.	Michigan.....	Dr. A. B. Spinney.
FOSTER, FRED'K H.	Illinois.....	Dr. C. A. Williams.
GILMAN, JNO. E.	Illinois.....	Faculty.
GRAVEL, MISS G. H.	Canada.....	Faculty. ?
HAINES, JAS. W.	Ohio.....	Dr. E. Fisher.
HARRIS, MRS. R. H.	Iowa.....	Dr. E. H. Harris.
HASSEL, SAM'L E.	Wisconsin.....	Dr. J. L. Brenton.
HAVENS, WILLIAM.	Michigan.....	Dr. B. F. Bailey.
HENDRICK, ALEX. W.	Illinois.....	Practitioner.
HENSLEY, JOSEPH	Kansas.....	Dr. W. T. Helmuth.
HERBERT, J. B., B. S.	Illinois.....	Dr. S. R. Breed.
HIGGINS, MRS U. L., M.D.	Ohio.....	Practitioner.
HIGBEE, ALBERT E.	Minnesota.....	Dr. C. G. Higbee.
HOWARD, MRS E. L., M.D.	Illinois.....	Practitioner.
HOWARD, R. L.	Illinois.....	Practitioner.
INGERSOLL, A. E.	Montana.....	Prof. W. Danforth.
KALBFLEISCH, A. H.	Illinois.....	Dr. F. Brandemuehl.
KEELER, HORATIO.	Illinois.....	Dr. A. W. Burnside.
LOWRY, N. H.	Illinois.....	Dr. E. Parsons.
MAGEE, MISS HATTIE E.	Illinois.....	Mrs. E. H. Alexander.
MARELIUS, JNO. W.	Sweden.....	Prof. A. E. Small.
MILLER, E. P.	Illinois.....	Prof. J. S. Mitchell.
MILLER, MRS. L.	Wisconsin.....	Faculty.
MITCHELL, A.	Illinois.....	Dr. M. Vandervoort.
McLAREN, W. R.	Canada.....	Prof. E. M. Hale.
MUSSINA, E.	Illinois.....	Prof. R. Ludlam.

[April,

NAMES.	RESIDENCE.	PRECEPTOR.
NELSON, PETER.....	Illinois.....	Prof. D. A. Colton.
NOBLE, J. H.....	Wisconsin.....	Dr. L. S. Ingman.
NORTON, C. R.....	Wisconsin.....	Dr. J. B. Bowen.
PARKER, Miss C. L.....	Illinois.....	Dr. E. L. Lathrop.
PARKHURST, J., M.D.....	Vermont.....	Practitioner.
PARSONS, W. H.....	Illinois.....	Dr. L. Hubbard.
PEER, T. J.....	New York.....	Practitioner.
PORTER, STEPHEN.....	California.....	Practitioner.
PRATT, E. H.	Illinois.....	Prof. L. Pratt.
PRATT, R. H.....	Illinois.....	Dr. E. Parsons.
PRINDLE, C. W.....	Michigan.....	Dr. B. J. Brown.
RAND, G. T.....	Michigan.....	Practitioner.
RICKER, S. J.....	Illinois.....	Dr. C. N. Dorlon.
RIGHTER, F. B.....	Wisconsin	Practitioner.
ROY, MRS J. E.....	Illinois.....	Faculty.
SAUNDERS, J. M.....	Minnesota	Practitioner.
SEVERANCE, C. L.....	Wisconsin.....	Dr. A. G. Leland.
SNOWDEN, CLINTON.....	Illinois.....	Prof. R. Welch.
SPENCER, FRED. W.....	Wisconsin.....	Dr. E. W. Beebe.
SOUSTER, W. W.....	Illinois.....	Dr. C. S. Hollingsworth.
STEARNS, MISS LAURA E.....	Illinois.....	Prof. R. Ludlam.
TAYLOR, MRS. E. W.....	Illinois.....	Dr. N. F. Prentice.
TULLY, FREDERICK	Illinois.....	Prof. D. A. Colton.
UNLAND, W. G.....	Illinois.....	Drs. Schmidt & Koch.
VINCENT, T. G.....	Wisconsin.....	Dr. A. G. Leland.
WAGGONER, M. R.	Iowa	Practitioner.
WHITMAN, F. S.....	Illinois.....	Dr. J. K. Soule.
WILLIAMS, C. A., M. D.....	Illinois.....	Practitioner.
WILLIAMS, THEO. D.....	Illinois.....	Prof. E. M. Hale.
WILSON, MRS. A. L., M.D.....	Illinois	Practitioner.
WILSON, EDWARD H.....	Illinois.....	Practitioner.
WILSON, WM. W.....	Illinois.....	Faculty.
YEOMANS, S. P., M.D.....	Iowa	Practitioner.
YEOMANS, MRS. C., M.D.....	Iowa	Practitioner.

LIST OF GRADUATES FOR THE SESSION OF 1870 - 1871.

NAMES.	RESIDENCE.	TITLE OF THESIS.
BENNETT, J. B.....	Kansas.....	Crotalus Horridus.
BERRICK, F. H.....	Michigan	Dysentery.
CAMM, MRS. M. B.....	Wisconsin.....	Cases from Practice.
CARTER, LEVI W.....	Illinois.....	Fractures.
CLARK, LAUREN J.....	Wisconsin.....	Mutual Relation of Matter and Mind.
CONDELL, WILBUR R.....	Illinois.....	Hygiene.
COWELL, GEORGE E.....	Illinois.....	Pleuro-Pneumonia.

NAMES,	RESIDENCE.	TITLE OF THESIS.
CRAFTS, EDW'D T.	Illinois.....	Catarrh.
FICK, OTTO.....	Illinois.....	Cholera.
DANN, EDW'D F.....	Wisconsin	Diphtheria.
GILMAN, JNO E.....	Illinois.....	Dreams.
HAINES, JAS. W.....	Ohio	Arnica.
HARRIS, MRS. R. H.....	Iowa	Typhoid Fever.
HENDRICK, ALEX. W.....	Illinois.....	Scarlatina.
HENSLEY, JOSEPH.....	Kansas	Diseases of Brain and Nervous System.
HIGBEE, A. E.....	Minnesota.....	Woman and Maternity.
HOWARD, R. L.....	Illinois.....	Pseudo-Membranous Angina.
INGERSOLL, A. E.....	Montana.....	Stricture of the Urethra.
KALBLEISCH, A. H.....	Illinois.....	Bronchitis.
MARELIUS, JNO. W.....	Sweden	Epithelium.
McLAREN, W. R.....	Canada	Reflex Excitability.
McCULLUM, MATTHEW.....	New York.....	
MILLER, E. P.....	Illinois.....	Hydrate of Chloral.
NOBLE, J. H.....	Wisconsin.....	Laryngo-Tracheitis Crouposa.
PARSONS, WM. H.....	Illinois.....	Chronic Chlorosis.
PRATT, RUFUS H.....	Illinois	Dyspepsia.
PRINDLE, C. W.....	Michigan	Erysipelas.
RICKER, S. J.....	Maine	Molar Pregnancy.
RIGHTER, F. B.....	Wisconsin.....	
SAUNDERS, J. M.....	Minnesota	Typhoid Fever.
UNLAND, W. G.....	Illinois.....	
WAGGONER, M. R.	Iowa.....	Fœtidium.
WILSON, EDW'D H.....	Illinois.....	Fractures and Disloca- tions.
WILSON, WM. W.	Illinois.....	Fevers.
WILLIAMS, THEO. D.....	Illinois.....	Chronic Corporeal En- dometritis.
YEOMANS, STEPHEN P.....		

—
AD EUNDEM DEGREE CONFERRED UPON

- DR. STEPHEN PORTER.....of California.
 DR. G. T. RAND.....of Michigan.

[April,

THE LATE WALTER WILLIAMSON, M.D.

In the demise of this most excellent man and physician the profession has sustained a severe loss. At a meeting of the Chicago Academy of Medicine held in January appropriate resolutions, relating to the sad event, were unanimously passed. Nothing that we can here say will add to the unblemished lustre of this good man's character, or to his well-deserved reputation as a learned and skillful physician. Nevertheless we desire to perpetuate his memory, and know of no means more likely to conduce to that end than the publication of the remarks of Dr. A. E. Small on the occasion referred to above.

In response to a call from the President of the Academy, Dr. Small spoke as follows :

"The resolutions just read, concerning the late Prof. Walter Williamson, of Philadelphia, meets from me a most hearty approval. He was my friend and fellow-laborer for many years in the Homœopathic Medical College of Pennsylvania. He was always genial, kind and faithful in the discharge of his duties. He was a member of the first Bureau of *Materia Medica* appointed by the American Institute of Homœopathy, and to his labors we are indebted largely for the first volume of *American provings*, that has so signally enriched our *Materia Medica*.

"Prof. Williamson was born in Delaware county, Pa., Jan. 4th, 1811, and lacked, at the time of his decease, only two weeks of being sixty years of age. He entered upon the study of medicine at an early age, having previously received a creditable preliminary education. He graduated at the University of Pennsylvania in 1833, and three years after became convinced of the superior advantages of Homœopathy, after which he removed to Philadelphia when but a limited number of physicians of the homœopathic school were to be found in the city, and ever after he held a prominent place among his professional brethren. He was elected President of the American Institute at its fourth session, and when the Legislature of Pennsylvania chartered the Homœopathic Medical College he was appointed to the chair of Obstetrics, a post which he filled with distinguished ability for several years. He was afterwards Professor of *Materia Medica*, and showed himself equally at home in this branch, and long will his memory be cherished by the hundreds of students who listened to his instruction. He was a favorite among his colleagues, and always ready to do anything to favor the interest of the cause in which he was engaged. His superior knowledge of botany led him to collect a large number of the indigenous medical plants, from which he prepared tinctures and forwarded to the European provers. He was a member of the British Homœopathic Association — an

honor held by few American physicians. He was the original prover of *Podophyllum*, and although many re-provings of the drug have been made, yet none have added materially to the correctness of its physiological action observed by Prof. Williamson.

"He was a contributor of valuable matter to our journals. Monographs from his pen, of great value and interest, are found in the 'North American Journal,' 'The Homeopathic Review,' 'Philadelphia Journal,' and other periodicals of homeopathic literature. He contributed much to the American edition of the 'Symptomen Codex.' He was the author of a work on diseases of women and children, the first issued upon this branch in this country by the homeopathic school.

"As a member of society Prof. Williamson was social, warm hearted, and a gentleman; as a religious man, he led an exemplary life, and was highly esteemed for his benevolent, charitable and Christian deportment. He passed into the spiritual world, after a brief illness of typhoid fever, on the 10th of December, 1870, leaving behind, as a sacred consolation to his friends, the impression that his physical body only has returned to dust, while his spirit has risen among the just made perfect in heaven."

TRANSACTIONS OF THE CHICAGO ACADEMY OF MEDICINE.

VI.

FORMATION OF BONE IN THE CHOROID COAT OF THE EYE.—A CASE.

By W. H. WOODYATT, M.D.

On the 28th of January, W. O. B., æt. 36, of Toledo, Ohio, presented himself at the office of Prof. Danforth, as a patient for the College Clinique. He was suffering with sympathetic neurosis of the left eye, due to an injury received in the right eye some twenty-four years previous. Being present at the time, Dr. D. was kind enough to call my attention to the case and the following history was elicited:

While splitting the handle of a spoon with a cold chisel, one of the fragments was thrown up and struck the right eye in its inferior outer quadrant, where a corneal cicatrix was evident. Little or nothing was done for the eye at the time, or afterward, until the sympathetic irritation of the left eye became very troublesome. In warm weather this irritation was always worse, and almost incapacitated him for business. At these times he received some internal treatment, which, together with the use of protective glasses, enabled him to continue his work. Latterly, however, each recurring attack was of so much greater severity than its predecessor that he determined on seeking permanent relief, and to this end sought the College. On examination we found the left eye suffering from intense photophobia and lachrymation. Exposure to the light was followed by a spasmotic closure of the lids, and a flood of tears bathed the cheek. Vision was not impaired, but the eye rendered almost useless by the irritability. His condition corresponds closely with what Dondus terms "sympathetic

neurosis." He adds that it never passes into sympathetic inflammation, and is speedily removed by the removal of the exciting cause, viz.: the injured eye. The different expressions of sympathetic trouble may be briefly stated as, irritation, neurosis and inflammation, and the latter sub-divided into plastic iritis, serous iritis and irido-choroiditis.

On turning to the injured right eye before us, we observed a nodulated, irregular condition of the ball, and the corneal cicatrix mentioned above. Also that the iris was degenerated, and the lens cataractous. In attempting to determine the degree of tension, we found great tenderness in the region of the ciliary body, but behind it a wooden hardness. There was no sight in the eye. All these things pointed to a formation of bone within the eye, and enucleation was advised. On the 2d of February the eye was removed by Prof. Danforth in presence of the college class. On dissection of the globe, we found the lens shrunken to such a degree that little remained but the thickened capsule. The interior of the eye was occupied by a hard shell, extending from the optic nerve entrance to the commencement of the ciliary body, of about a line and a half or two in thickness, being greater behind than in front. Opposite the optic nerve entrance, on the posterior wall, as you see, is a round hole, through which the sunken retina was suspended, being attached to the nerve. The anterior wall consists of a thick, connective tissue membrane, stretched as a curtain behind the lens. The external layer of the choroid, the lamina fusca, is adherent to the shell. This layer forms a bed in which lie the vessels and nerves that proceed to the iris and ciliary body. The fact of this portion of the choroidea remaining unaffected will account for there being no greater inflammation excited in the other eye through all these years; what did appear being due to excitation of the iris and ciliary body. Microscopic examinations, specimens of which are before us to-night, prove beyond a doubt that this hard formation is true bone in character, and originated in the capillary layer of the choroid. For our present knowledge of the distribution of blood vessels in the choroid, we are indebted to the patient and successful investigations of Leber. He corrected the

errors of Brucke, who was for many years the recognized authority of our text books, and proved the choroid to be richer in capillaries than was formerly believed. This bears closely on the subject before us. The questions naturally suggest: Where does this bone come from? and Why here more than in other tissue? You observe this shell is thicker behind than in front, that it terminates with the choroidea proper, at the commencement of the ciliary body. Now, the capillary layer extends from the optic nerve entrance to the non-fimbriated part of the ciliary processes. In the posterior division its terminal arteries are thickest. Hence, what is to be inferred? First, that it arises from the capillary layer, and next that the number of capillaries have something to do with the amount of bone. The rich supply of nutritive material necessary to ossification exists here in a marked degree, and we can understand why inflammation with exudation should terminate in bone formation.

When this eye was struck, iritis must have supervened, which, in time, spread to the choroid and produced irido-choroiditis, the immediate cause of this bone deposit.

A few days after the operation, the patient returned to his home, and now reports the left eye very greatly improved.

VII.

MENTAL DISEASE AND ITS CURE.

BY A. F. MOORE, M.D.

“Canst thou minister to the mind diseased?” is a question which meets the physician at every turn, and towards its solution have been directed the minds of the greatest and best in the medical profession. With what success, we all know. Till the dawn of Homœopathy, the field has been blank and barren of any satisfactory results. But now we are beginning to make some progress in the right direction, for we have the law which will direct us aright. We know that if *Arsenic* will

produce a certain kind of mania, it will, in many instances, cure such mania, and Dr. Hempel says it cured a barber of a desire to kill ; if *Aurum* will produce an inclination to suicide, it will cure a desire ; *Opium* produces a kind of stupor, and will cure a like affection. So we have remedies which, for the same reason, are indicated in Melancholy, Hysteria, Rage, Loss of Memory, Fear of Death, or of Ghosts, or of the Future, various Desires or Aversions, and Fancies or Feelings.

Now, what is this mysterious connection which the mind has with the body, whereby we can alter even a man's reasoning faculties, and thoughts and feelings, by means of drugs ? It would seem that the mind, being independent as an entity, and able to live without the body, would have some independence as regards its own state and being, thoughts and feelings ; that if it was able to manage this body at all, and make it obedient to its own will, when it, the body, was in health, it would hardly be led or forced into doing and saying things, when the body was diseased, which it considered improper at other times ; that is, by way of illustration, if a workman is able, with good instruments, to do good work, he should be, and is, able to do a fair job with poor ones, or else he will not work at all. Then, I ask again, why is it that if we put Alcohol into a man's stomach, it " steals his brains," and makes him murder, and his mind and reasoning faculties, and his conscience, which impels him to do what he thinks is right, can not prevent the deed, and are themselves held responsible for it ? I am not dealing with Theology, so called, but I seek to deal with Physiological and Anatomical facts.

How do diseases of the body affect the independence of the mind ? Does the house in which I live control me, or do I order the house to suit my own purposes ? But if I am a part of the building, it would be natural to suppose that some of the changes in the building would change me. Perhaps this illustration is not correct in all respects, and it would be more exact to say if I was the result, or the manifestation of my powers was the result of my organization ; that, if the structure thus organized was changed or perverted, such change or perversion would alter those manifestations.

We are apt to speak of the mind as an immaterial thing which has a living existence. Now, I think there is no immateriality which has any existence, independent of the organism which produced it. Pain can not exist without something to be painful ; joy is nothing without some one to be joyful ; sound requires an atmosphere upon which its waves may be propagated, and the vibration of some material body to produce those waves ; the rays of light are supposed to be no less waves than sound, and although composed of no material substance themselves, must have such substance for their production, transmission, and reception, or reflection ; electricity and magnetism obey the same laws, and it is more than likely that these subtle agents are themselves nothing but waves. Is it to be supposed that there is anything immaterial, obeying different laws ? Is there anything in nature analogous to such a state of things ? I think not. All material beings and entities live and are governed by the same laws. Beginning at the lowest sphere and ascending to the highest, through the whole range of animated beings, all live by the same law of development, dependence upon other substances for means of sustenance, or growth, and even their propagation depends upon the will or accident of another, and not themselves. All know that everything inanimate is governed by the same fixed laws, and we have shown that all things called immaterial, so far as we are able to detect them, have laws which cause them to conform to the same requirements as material things, in one particular at least, viz. : a something substantial to give them origin and existence. Will science be able to detect an immateriality which does not conform to this law ? Probably not. Are we, then, warranted in supposing the mind does not conform to this law, and does not depend upon the body for its origin, continuance, variations and end ? I think not. But, men will say, you make man no better than the beast ; man can reason, and the beast can not. To such I will say, that this statement has no relation, whatever, in a scientific view, with the arguments and facts I have adduced, but for their satisfaction I will say, let him, who dare, deny that animals can reason.

But it is generally thought that the faculties of reason, memory, and the power of the will are satisfactory evidences of an existence and intelligence far beyond anything to which matter can attain. If so, the beasts have this intelligence and existence, for they have a will, memory, and can reason to a certain extent. If the uterus expels the child, through reflex nervous action, does not the spinal cord act as a brain to the uterus, and may not the brain within the skull operate the hand, the foot, the eye, the mouth, or any of the organs, in the same manner? Can any one show that this is not so? May not the rays of light, or the waves of sound, or whatever influences the sense of taste, or any of the senses, as really excite and compel the brain proper to action, as the mere contact of something, whether child, clots of blood, or anything which is regarded as a foreign body, within the walls of the uterus, excites the organ to contract and expel the same; and is it any more wonderful that light, acting on the eye, excites the hand to action, after habit has established a connection between the two, than that a disease of the heart should excite congestions of other organs, or irritation of the womb, cause pain on the top of the head, or simply a red nose, or in fact be reflected to various parts of the system, as the peculiar temperament or habit of the patient may determine? In fact, I think my question is pertinent, though strange, in these spiritualistic times, and does not reflex action explain the manner of the operations of the brain as fully as it does those of the spinal cord?

Further, does not the strong or weak will depend upon a large or small brain compared with the size of the organism? I think so. As to memory, no one ever remembers anything unless a dim shadow of the picture, sound, or whatever the fact might be which is remembered, is again presented to the brain, and often the shadow is not so very dim. Who has not passed through scenes "so graven on his memory" as to never be effaced, and does he ever remember those scenes without actually seeing the picture of them more or less dimly outlined in the distance. If the student learns anything, can he remember it unless he sees before him, more or less distinctly,

the words and illustrations of the book, or the form and position of the lecturer, with his various gestures, and seems to hear again the very intonations of his voice? Suffice it to say, then, that memory is the repetition of the impressions produced on the brain by the use of the various so-called senses, and this repetition is caused, I think, by the circulation of the various nervous waves or currents, in the same manner and course in which the waves of light and sound, etc., caused them to circulate when the occurrence actually happened, for we know that currents of electricity have a tendency to circulate for an almost indefinite period over or through courses which they have once taken, when the conditions are right for the same, as in the case of the magnet. The development of the brain seems to me to be the same as that of a certain galvanic battery used for telegraphing. When first set up the current is very weak, but if allowed to remain undisturbed for some weeks it strengthens and is very constant. So with the brain; the power is very weak at first, but strengthens by force of habit, which I conceive to be the force which causes the battery to grow strong. In short, the analogy between the action and even the anatomy of the brain and that of magnetism and the galvanic battery is very striking and exact. I have used the word habit as expressing the power which establishes connection between the brain and certain organs of the body, and also strengthens them, and I use it as synonymous with the word repetition, for it is by repetition that the currents in the magnet are strengthened or added to, and it is by habit or repetition that man acquires skill in any performance; and so I judge that repetition strengthens the waves of the nervous force; and in fact we know it is so, for a moderate use of a partially paralyzed limb gives it strength.

Again, can any "human being create;" can one conceive of anything totally unlike what he has seen before? I believe it is not so taught by mental philosophers. Then thought and reason must be the mingling, alternating and compounding, if I may be allowed to use the term, of the various pictures presented by the memory, in the manner I have stated, and by this means producing one which we call new. God alone is a

creator. An objection may be urged that the memory can recall a certain fact or any fact at will, and this proves to the satisfaction of the objector the existence of a presiding and governing soul or spirit. But I do not believe such to be the case. In the first place, every one knows that he forgets and can not possibly recall hundreds of facts with which he has been acquainted, also that it takes time and an intermediate train of thought to change from a given subject to one wholly different; so that man has no omnipotent will which governs the case, and circumstances govern our thoughts and memories—our will, affections, and whole being.

Matter and the forces derived from it, make up the sum total of man, and all else of earth and its belongings. God is a spirit, but man is not, for God said to him, "dust thou art, and to dust shalt thou return." What may be hereafter is not the question, but what is now? Now, we find man fallible, (except the Pope,) imperfect, diseased, and subject to all the vicissitudes of circumstance, and taking these facts into consideration, are trying to alleviate his condition; and shall we consider that he has a part which is unapproachable, a mind which is independent and can not be touched by remedies or changed by altered circumstances? Truly not. The field is open, and in it Homœopathy has made some of her greatest triumphs. Her drugs, the peculiar magnetism of which has been developed in all its force, and its various intensities of vibration, and perhaps induced in the vehicle which contains them, have caused many hundreds to be "sitting clothed and in their right minds," who would otherwise have better not been. Hospitals for the insane may now be something else than prison-houses; and if a desire to murder may be cured by *Arsenic*, to bite by *Belladonna*, obstinacy by *Cina*, *Drosera* or *Lycopodium*, jealousy by *Apis*, and quarrelsomeness by *Chamomilla*, may not some one find a remedy for a desire to steal, or senseless fear of poverty in old people, and all the various monomanias to which they are subject, and younger people too? When we consider that most or all of the so-called mental diseases are caused by over-working the brain, either with study, trouble of various kinds, or sexual excess,

which last is the most prolific source, it seems to me that we have made great progress towards a cure. To be sure, in many cases the disease has advanced beyond the curable stage, yet there is a curable stage, and, as in case of other diseases, the physician, and his patient as well, must learn to take advantage of it. We should know more of their beginning, course and end. We know the inducing and accelerating causes of consumption, and in many cases are able to forestall the consequences. If we would consider mental diseases as depending upon material causes, the same as the so-called mind depends upon a material organism, and if we would study these causes, and their relations, as intently as has been done in phthisis pulmonalis, I think much good would result. Hahnemann commenced the good work in his meditations on psora, but I fear we have not followed him up. When he recognized that suppression of some simple ailment might cause a host of complicated diseases of body and mind, I think he found the root of the matter. A simple emotion which would be harmless in one will throw another into a violent illness, and so *vise versa*, and illness from which one would recover perfectly will leave another with impaired mental forces.

Now I do not mean to be understood to say that I think we may find a remedy which will produce a desire to hang oneself in distinction from drowning, or suicide by any other means, although such may be the case, neither am I seeking to find a remedy which will produce a desire to go to the moon, or cause the prover to suppose he owns all the property in the town, or any such fancy, yet we may find just such symptoms; but the proposition I wished to demonstrate is this, that as the mental phenomena are the result of, and depend on, the physical organization, all derangements of those phenomena must be the result of physical derangement or disease, either acute or chronic, even as much as in case of tumor pressing on the brain and deranging its functions, or suppression of an eruption producing delirium. And if we will study the physical constitution closely, in cases of mental disease, we shall find the key to all the trouble and its cure.

I think this view of the case appeals particularly to homeopathic physicians, as they have already found themselves obliged to study their cases in this manner. I have stated some facts, and brought forward some arguments, in support of this position, which seem to me incontrovertible. I can but wish they had been arranged by one more used to such a work, for I think they are on the side of truth and correct science, although not so popular with the majority as might be.

VIII.

DEVELOPMENT OF THE BOTHARIOCEPHALUS LATUS.

[TRANSLATION FROM THE FRENCH, BY D. A. COLTON, M.D.*]

A dog, a year and a half old, was accidentally poisoned by *Strychnine*. He had received into the digestive tube some of the embryo and eggs of the Bothrioccephalus Latus, or broad tape-worm, when he was but a few weeks old, and also about a month previous to his death. About a year before his death, he had passed a fragment of the worm three-fourths of an inch in length. An examination of the intestines was made three hours after death, and before these parts had become cold.

Such examination disclosed no appearance of the parasite in the duodenum, which accorded with previous observations; but in the first portion of the jejunum, a very young worm, of the kind named, was observed. It was about a foot in length, and scarcely a line in width. It was deeply and firmly imbedded in the intestinal mucus, its head being concealed by its position in the depressions between the numerous villi, while its body was observed to execute its peculiar vermicular movements. These movements were manifested with as much

* Notes by Dr. Rabuteau upon the mode of development of the Bothrioccephalus Latus. Following the researches of Dr. J. Knoch, of St. Petersburg, and rendered from the original manuscript.

From the *Journal de L'Anatomie et de La Physiologie Normales et Pathologiques de L'Homme et des Animaux*, publié par M. Charles Robin.

vigor on placing the worm in warm water, and while it was yet attached to the mucous membrane of the intestine. In albumen, (white of egg,) it detached its suckers and its head from the intestine, three and a half hours after the death of the dog. The head now executed decided movements in all directions, while the movements of the body were quite feeble.

Continuing the *post mortem* examination, a second and fully developed worm was found in the second portion of the small intestine. The head, with its suckers, was already detached from the intestines,— occasioned, no doubt, by the contractions produced by the *Strychnine*.

This resistance to the action of the poison is more striking than that of the trichina, which Mohler treated with *Benzine*. While Prof. Mohler found all the trichina in the muscles of a hog dead, after the prolonged use of *Benzine*, in this case, all of the examples of tape-worm observed were living in the intestine of a dog, where they had been subjected to the direct action of the poison, three hours after the death of that animal. The reason that the scolex was not detached from the intestine as soon as the adult worm, may be that the minute body of the former absorbed but little of the poison, as compared with the extensive surface of the full-grown worm. The persistent movements of the head, at first observed, disappeared in about an hour. In other parts of the worm, peristaltic movements could yet be excited by the addition of fresh or warm water. Thus, for the space of four hours, or more, after the death of the dog, there were manifestations of life in this parasite.

The separation of the segments of the worm where they were two lines in width, did not produce any symptoms of pain. The separation was made a half hour after the opening of the intestine, and still that portion of the chain in the vicinity of the adult segments, executed active peristaltic movements, under the influence of warm water. The head, having been placed in albumen, presented certain slow and feeble movements on the following day. These movements were only seen by an aid to the naked eye, when it was observed that as the head was extended, its extremity was more attenuated and transparent; and, when it contracted, it did so as a muscle,

becoming increased in volume and less transparent, and the lips of the little depressions upon its surface taking a plicated form.

The vessels also appeared more voluminous upon the head, when shortened. Upon the neck of the young worm, and in the midst of the concentric calcareous depositions disposed everywhere over the surface of the same, the presence of clear vesicles was demonstrated. The form of these vesicles was elliptoid, being from five to seven *millimetres* (about one-fifth to one-fourth of an inch) long, and from three to four *millimetres* (about one-ninth to one-seventh of an inch) broad. The borders of their bodies, distributed irregularly throughout the substance of the *scolex*, were plainly marked, and presented a simple contour. Their aspect presented the appearance of vesicles of fat, but one is not allowed to consider them as such. On the posterior part of the body of the worm were slight traces of furrows which indicated a commencing segmentation. The cuticle consisted of a membrane, strong, clear, and of a double contour.

The borders of two examples of the bothriocephalus latus, in the adult state, were plicated so that it was not so easy to determine their dimensions, as of those whose bodies were straight. The head of the longer, of the two adults observed, was detached from the wall of the intestine, and with its neck presenting a little nodule at a point a little below that of the young worm. It extended through the whole of the rest of the extent of the small intestines, and, in following the course of its chain, two other adult worms were found, their heads being already detached from the intestinal mucous membrane. These observations were made upon living worms, and it would appear that all the nodosities that are observed upon the animal after death, could not be seen upon the same during life.

The posterior part of the tape-worm extended to the inferior portion of the small intestine, but did not penetrate into the origin of the large. One of the worms presented a posterior extremity somewhat enlarged, and of the cicatrical tissue. This showed that a section of the worm had been detached, as previous observation had proved. In the other two examples

of the worm, the posterior extremity was tongue-shaped. Of the three adult worms observed, the longest was over eight feet in length; the shortest, five. They ranged from a fourth to three-fourths of an inch in width. The borders of two of them presented very marked plications, or plaitings.

The results of the observations made upon the dog may be briefly summed up as follows:

In the first place, it may be allowed to claim that in this instance there were not only found examples of the adult *bothriocephalus latus*, but also of the scolex (the young) of this parasite, which was previously completely unknown.

Again, the results obtained from the last examinations fully accord with those previously made, and show conclusively that the embryo of the *bothriocephalus latus*, when introduced into the intestinal canal of a dog, does not migrate from one organ to another, in the animal under observation, and consequently it is not encysted in the state of a *cysticercus cellulosæ*, as the tæniæ are after their introduction, but that they are directly developed in the intestinal canal of the same animal; at first, to be sure, incompletely developed, then as the adult individual of this parasite.

Further, after the numerous observations that have been made, we are completely authorized in saying that the *bothriocephalus* is not at any epoch in the state of a *cysticercus*, as is observed with the tæniæ, but, in the intestine of the mammiferæ, passes directly into the state of the broad tape-worm. This proof is particularly striking, when we consider the long interval between the first and second alimentation of the dog, (a year, nearly,) after which examples of the young and of the adult worm were found. The first alimentation was in the spring; in July, following, a fragment of the worm was passed, about a foot long and of an appreciable width.

The same dog received the embryo of the *bothriocephalus latus* the second time, and, on examination of the dog, two months later, both the scolex and the adult worm were found. Besides, the scolex, as well as the adult worm, were constantly found in the intestinal canal, as well in this dog as in those previously experimented upon, and in neither case were they

found in the state of the *cysticercus*, in other organs of the economy.

From all of these observations, it is perfectly clear that the embryo of the *dibothrium latum* is transformed directly into the *bothriocephalus latus*, without any special metamorphosis; without migrating from the intestinal canal into divers other organs of the animal subinitted to experiment.

REVIEWS OF BOOKS.

BODY AND MIND. An Inquiry into their Connection and Mutual Influence, especially in reference to Mental Disorders. Being the Gulstonian Lectures for 1870. Delivered before the Royal College of Physicians. With Appendix. By Henry Maudsley, M.D., London. New York: D. Appleton & Co. 1871.

We have received from the publishers this neat little duodecimo of about 150 pages, closely printed, the matter of which is quite as compact as the typography. The title of the book fairly indicates its character. It is a condensation of Maudsley's peculiar views of Mind, Life, and kindred subjects. The author's professed object is "to bring man, both in his physical and mental relations, as much as possible within the scope of scientific inquiry." He believes that the operation of physical causes from one generation to another is the main source of insanity ; that morbid states of mind invariably depend on morbid states of the body ; or perhaps we should do him more perfect justice by saying that to him morbid states of mind *are* morbid states of the body. He has a decidedly personal quarrel with "metaphysical psychologists," and berates them vigorously for their neglect of physiological and pathological inquiry. The origin of "living matter" seems to trouble Maudsley a good deal, though, strange to say, the origin of dead matter does not seem to provoke his inquiry. Yet there surely is nothing more marvellous, considered as a mere question of Being, and nothing more difficult, in one problem than in the other. Maudsley evidently thinks that "living matter" "is now being formed from non-living matter, ["non-living" is decidedly ingenious,] by the operation of physical causes and natural laws." But he observes that "exact experiment can alone put an end to this dispute ; the one conclusive experiment, indeed, in proof of the origin of living from dead matter, will be to make life." We hardly know which to admire most, the child-like faith, or the scientific incredulity, of this last observation. Extremes meet in all things.

The attitude of Maudsley with reference to the question of Mind is one not easily defined : for while on the one hand he rejects almost wholly the psychological, supernatural, spiritual, or "mysterious entity" view of the subject, and insists upon its investigation by purely scientific methods (by which he means pathological and physiological methods) ; on the other hand, he affirms that "the nature of mind is a question which science can not touch," and which he does not "dream of attempting to touch." The psychological method of interrogating consciousness in order to ascertain the nature of Mind, he holds in almost bigoted abhorrence ; and indeed one would suppose, from some of his observations on this point, that the chief desideratum of a modern psychologist is to get rid of consciousness alto-

gether. Perhaps Dr. Maudsley acquired his first conception of emotion, intelligence, and sensation from pathological research, and holds them by the same tenure, but we submit that this is not the usual way, and that it is quite too difficult ever to become popular. The fact is, that on this, one of the highest, most beautiful, and most captivating subjects of philosophy Maudsley is attempting the extremely difficult feat of masticating, swallowing and digesting himself entire. It ought to be a prime axiom of psychological science, that sensation is known only to and by sensation, all study of it being of necessity an afterthought; that ideas are known only to and by the intellect; and that emotion and will are again known to and by themselves. Of these elements of our being, no matter by what name they are called, whether mysterious entities, abstractions, properties of matter, conditions of matter, "things spiritual," or whatsoever else, neither the scalpel nor the crucible have revealed anything. They have discovered the microscope; the microscope has not discovered them. And as we can not detect any alteration in man's appetite arising from the closest study of the stomach and its functions, (except that too close application may sometimes make a man dyspeptic,) neither can we conceive that the above mentioned items in our odd constitution, or our sense and conception of them, will ever be anything more than temporarily deranged by any amount of research that themselves may undertake into their own nature. At all events, the moment that we shall find Physiology undermining our appreciative sense of a tender beef-steak or an oyster stew, that moment we abandon Physiology. And if a knowledge of Neuropathology is about to alter human experience, so that men shall hereafter go about fuming and sputtering, and reacting and combining, like the contents of so many chemical laboratories, instead of enjoying the constant ebb and flow of emotion, the ceaseless play of thought, and the ever varying harmonies of sense, then we have much underestimated the power of Neuropathology. Should a man propose seriously to us to dissolve himself in bulk, and give us the exact sum and equivalent in a chemical formula, the most stupid among us would see the absurdity of the attempt; but when he proposes to do the same thing piecemeal, we become the easy dupes of his delusion. The stomach itself certainly precedes all knowledge of it, includes all that can be known of it, and what it is is always vastly more than what is known of it. So with Mind. Its Being precedes, involves, and transcends its knowing.

Now, respecting this whole question of Mind, we can not help regarding Maudsley as somewhat idiotic. It is really painful to read him when he attempts an idea that is not fully included in the categories of chemistry or physiology. But in these latter branches, and even in their relation to the mind, he has no superior. His observation of facts, and his power of generalization, are truly remarkable. His thought is condensed, exact, forcible. Take the following from the chapter entitled "the Theory of Vitality" as a sample:

"It is certainly extremely unphilosophical in the present condition of knowledge to refuse to accept vitality as a special mode of manifestation of

force; the special character of its phenomena demand that, whatever its real nature may be, vital force should for the present be received as a distinct force on the same terms as chemical force or electrical force. * * *

"As, then, vital force is plainly by far the highest force in dignity, a small quantity of it will correspond in value to a much greater quantity of an inferior force; one equivalent of vital force, in fact, will correspond to many equivalents of the lower forces. An immense amount of force is required to raise matter from its elementary state to that condition in which it is described as organic; and the upward transformation evidently only takes place through the intermediate action of chemical force. But vital force surpasses chemical force apparently in as great a degree as chemical force surpasses physical force. How great, then, must be its mechanical equivalent! Who can measure the power of a great idea! Armies fight in vain against it, and nations yield to its sway.

* * * * *

"The retrograde metamorphosis of organic elements is constantly taking place as a part of the history of life. In the function of nerve cell, a nerve force is liberated which excites muscular force, and is ultimately given back to external Nature as motion; the coincident 'waste' of substance is received into the blood, and ultimately also passes back to Nature. It is probable, however, that this 'waste' does not pass always directly out of the body, but that it may be first used as the nutriment of some lower element. Thus, as there seemed reason to believe that, in the economy of Nature, animal matter did not undergo the extreme retrograde metamorphosis into inorganic matter before being used as food by vegetables, so in the animal body the higher elements do not appear at once to undergo the extreme retrograde metamorphosis, but are first used as the nutriment of lower organic element. How admirably does Nature thus economize in the body!"

These brief extracts must suffice to illustrate the general character of the book. It is difficult to select from it, for the reason that its excellence is so uniform throughout. It is a marvel of condensation, containing more within its brief limits than many a pretentious octavo. It is original in the thoroughness with which its subject is treated; bold in its reasonings; decided in its conclusions; in all that properly comes within its scope—that is, in pathology and physiology, as related to Mind—admirable and most instructive; but where proposing to speak at all of Mind itself, vague, negative, meaningless, and not even entitled to our intellectual respect.

R. N. F.

A TREATISE ON THE THEORY AND PRACTICE OF OBSTETRICS. By Wm. H. Byford, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College, etc., etc.; author of the Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women, Chronic Inflammation of the Unimpregnated Uterus, etc.

The publication of this work was announced two years ago, and we confess that we have waited impatiently for its appearance.

A work upon Obstetrics following upon Meigs, Bedford, Hodge, and

Cazeaux, should be almost a "crowning glory." This treatise professes to be sufficiently "concise as to contain all practical information necessary to guide the student and busy practitioner." We have taken Dr. B. at his word, and have examined the work carefully, hoping at least to find in it all the cream of Bedford and Hodge. We are sorry to be disappointed in our estimate of the labors of Dr. B.; we do not think the work is a complete "theory and practice of Obstetrics," although its title appears at the top of every page in the book, just 448 timea. The anatomical descriptions of the pelvis, foetal head and female organs of generation, are "concise" enough, and although evidently hurriedly written, are withal possibly a fair account of them.

Dr. B. has included in the chapter upon the anatomy of the pelvis and foetal head, a pretty complete account of the pelvimeter, an instrument of rather doubtful practical utility. It is indeed an instrument that a teacher should have to show his class, but it is seldom used, and why Dr. B. should in his concise compendium devote to it eleven pages, and illustrate it with ten wood cuts, is something we can not understand, unless it be to call attention to his own pelvimeter, which really is an improvement upon Van Huval's and Baudelocque's. Cazeaux says (in speaking of deformities of the pelvis), "Of all the methods, measurements by the finger give the best results." This is good common sense, and all experienced accoucheurs will confirm this opinion of Cazeaux; hence we can not see why Dr. B. should have devoted so much space to the pelvimeter. "Evans' Obstetrical Extractor" occupies in the book three pages, and is illustrated with three quite large wood cuts. This Chicago invention is a modification (we doubt if it can be called an improvement) of the fillet or laque, of the Arabian Rhazes, who mentions it in his writings eight centuries ago. Although Dr. B. commends this improved and rather complicated fillet to the profession, he has not said, in plain terms, that he has ever used it. We are surprised that he did not describe the "patent Obstetrical Supporter, to be used when women are lying-in." It is in our opinion far more practical than "Evans' Obstetrical Extractor," although intended for quite a different purpose. The Vectis, or lever, is an instrument which Dr. B. recommends for delivering the after-coming head; that is, in cases of footling, or pelvic presentations, when the body has been delivered. In such cases, we have always found either the advice of Kiwisch, to practice what is known in the Vienna Obstetrical Clinic as the "Kiwische manœuvre," or "Prager Handgriff," as the best; that is, with the accoucheur's right hand to grasp the feet of the child, and embracing the nape of the neck between the index and middle fingers of his left hand, to then elevate the body to a sufficient height to enable its longest axis to become parallel with the axis of the vagina, and thus the face and forehead will clear the perineum, and the head be born; or if this does not succeed, then the forceps must be applied, and the head delivered as soon as possible. In all such cases the forceps should be always at hand, as every obstetrician knows they are far more reliable than the vectis. Dr. Byford informs us that the German obstetricians call the vectis a "spoon." We do not see where Dr. B. obtained this

information, for he is in error; the German word for *vectis* is "Hebel," which means a lever, and in no German work upon Obstetrics can we find it called "Loeffel," or spoon.

As Dr. Byford is not only an M.D., but has the degree of A.M., and is a professor in the Chicago Medical College, we would naturally expect in his book that the rules of English grammar and orthography would be strictly adhered to: but we are sorry to say such is not the case. On page 50 Dr. B. says "the corpus luteum empty cavity of the ovisac correspondingly increases in size for several weeks."

Which does he mean, that the corpus luteum increases during pregnancy, or the empty cavity? On p. 130 he recommends Chlorate of Potash, "where disease has been protracted a great length of time, with good results, I think generally mixed with food of an appropriate character." This almost reminds us of a law passed by the city council of a western city, which was worded thus: "The owner of any goat, found running at large, shall be fined five dollars."

On page 123-124, Dr. B. relates a case where an Irish woman had twins, one of which belonged to the Caucasian race, and the other to the African. His description is certainly very quaint, and novel, as follows: "I saw an instance of this kind in the person of an Irish woman, who admitted to me that after sleeping with a negro she had coitus with a white boy sixteen years of age, early in the morning." In the declension of Latin nouns Dr. B. has made sad havoc. For liquor amni he writes *liquor amni*; the plural of foetus he has made *feeti*; animalcula for *animalculæ*; for fimbria, *fimbriæ*; primipara and multipara for *priniparæ* and *multiparæ*; and again he uses the terms *feeti*, *ovi* and *perinei*, when they should properly be in the singular number. On page 287 he speaks of an impracticable delivery *per via naturalis*, and the Latin of his prescriptions is quite faulty for one who has the degree of Magister Artium. We have, also, noticed this fault in his new edition of "Byford on the Uterus," which has just appeared. In the spelling of proper names he is sadly at fault, e.g., Cazeau for Cazeaux; Tanier for Tarnier; Boudelocque for Baudelocque. But enough of this; possibly the printer is at fault for the last errors. But let us speak of some other matters. Dr. B. has not failed to mention version by external manipulation, and also by internal and external manipulation combined. So little is said upon this subject in most works upon obstetrics, that we do not hesitate to say we were highly pleased and instructed with this chapter. The chapter upon the forceps, although not quite up to the times, contains a great deal of good sound advice to the student and busy practitioner. The rules for the application of the forceps are in the main judicious and well worthy of attention. The chapter upon *Placenta prævia* should be read and studied. Dr. B. thinks, "the teachings of the profession at the present day inculcates too much interference in *placenta prævia*. I am free to say that I think it is over-treated." Without entirely agreeing with Dr. B. in his management of this grave form of complex labor, we do not hesitate to say that this chapter is one of the best in the book. Dr. B. recommends the old time-honored binder for the mother, but the belly-band for the child

he opposes, and we say to this, amen. The belly-band for the child is as about as senseless as tying the legs of the child together (in the way our Swedish patients insist upon,) until it is at least five months old. We find not a few things in Dr. B.'s theory and practice well worthy of imitation. His chapter upon the management of puerperal women is excellent, and worth the price of the book. Among other things he says, p. 252, "If labor has been protracted, and the powers of the stomach have been impaired, the diet should be suited to its debilitated state; then, however, it should be as nourishing as the stomach will digest." We have been convinced for some years past, that the practice after confinement, of keeping women on slops for a week, was all wrong. The chapter upon management of the breasts may be read with profit, and is in the main replete with good sound sense. He says, p. 266, "An excellent dressing for the nipple, for the last two months, is a rough sponge, so cut as to cover the areola, &c.; over this there should be but one thickness of 'goods,' etc. We would respectfully inquire of Dr. B. what he means by goods? Dr. B.'s treatment of puerperal convulsions is a little indefinite. He proposes to treat the "premonitory condition" with Colchicum, every day, in as full doses as she is able to bear. This remedy should be given perseveringly. We rather think the young practitioner, who is "busy," if he was guided literally by the advice given in Dr. B.'s theory and practice, as to the use of Vinum Seminis Colchici, would soon send his patient out of existence, during the premonitory attack, even before the convulsions had set in. Almost every experienced physician of the old school will agree with us in the above opinion; nevertheless we believe Colchicum in appropriate doses is a true homeopathic specific in certain forms of epileptiform convulsions, as well as for the convulsions occurring in tubercular meningitis. There are many things in this work to commend, and many things we have not spoken of that might be severely criticised.

T. G. C.

GALVANO-THERAPEUTICS. By W. T. Neftil, M.D. New York. 1871.

This book of 161 pages, (written to show the action of the galvanic current upon the acoustic, optic, sympathetic, and pneumogastric nerves,) to be understood must be read. We recommend its careful perusal by all those desirous of extending their knowledge in this direction as suggestive of very much that is worthy of consideration.

W. D.

BUMSTEAD'S WORK ON VENEREAL DISEASES. *Third Edition.* 1870.

This edition is thoroughly revised and considerably enlarged. It comes to us bearing the impress of completion, in everything except therapeutics. The author has remodeled and rewritten parts first, second, and third: giving full information on the subject of stricture, including the modern practice of internal urethrotomy and rupture. One hundred pages are devoted to the consideration of this important subject.

Visceral affections are more fully discussed than heretofore, and the chapter on the eye is replete with most valuable suggestions. Modern notions and discoveries are examined and freely discussed, and the reader

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put in possession of much that it is important to know. Taken as a whole, we can most cheerfully recommend Dr. Bumstead's work as fully up to the times, and worthy of a place in every practitioner's library. W. D.

BILLROTH'S SURGICAL PATHOLOGY.

It is with the greatest pleasure that we welcome this work to our profession. In our next issue we hope to be able to present our readers such a resumé of its contents as its great worth so richly merits. At present we have only space to say that it is a book of 676 pages, comprising a course of *Fifty Lectures*, delivered at the Vienna School of Medicine, by Theodore Billroth, Professor of Surgery, on *General Surgical Pathology and Therapeutics*. Translated with special permission of the author, by Charles E. Hackley, A.M., M.D., of New York. 1871. We feel fully warranted in saying that it is a work that ought to be found in every physician's library, especially so if he pays any attention to the practice of surgery, as it is undoubtedly the best work in print on the subject of which it treats

W. D.

PHYSICS AND PHYSIOLOGY OF SPIRITUALISM. By W. A. Hammond, M.D. 1871.

This monograph of eighty-six pages is offered as a proof that modern spiritualism contains in itself nothing supernatural. The author holds that spiritualists as a sect are, while professing not to be, the most de'uded of all peop'e. Fond of the marvelous, they are hysterical, skeptical malcontents, So constituted that they can not follow the orderly course of nature, they very willingly espouse this grandiloquent anti-philosophy which accounts for every morbid mental phenomenon upon the theory that Socrates or the "big Injun" is at the elbow desiring to make a communication. Ignorant of the physiology of the nervous system; emotional and unreasoning, they are naturally drawn into this spiritual Maelstrom.

We believe that Prof. Hammond has done the public a rich service in the issue of this book, and most cheerfully recommend it to our many readers as well calculated to repay perusal. W. D.

SATAN IN SOCIETY. By a Physician. Cincinnati and New York: C. F. Vent. Chicago: J. S. Goodman & Co. 1871.

This book, which we mistook for an autobiography, belongs to the class that Dr. Benjamin Rush styled "the offal of literature." Its author, who-ever he may be, must have enjoyed the acquaintance of his hero; but in these unclean pages there is no evidence of his familiarity with *good society*. What his hero will think at finding himself cooked and served in such a style, we have no means of knowing. But what sensible and decent people will think of the unclean mirror that this recreant doctor holds up to nature, it is pot difficult to divine. If this book contains the most that can be said of Satan, and the best that can be said for Society, we are prepared to congratulate the former and to commiserate the latter. R. L.

DR. T. S. HOYNE'S MATERIA MEDICA CARDS.

The many physicians who have obtained these cards, will be pleased to learn that we have just received the fourth group, consisting of Alumina, Causticum, Chamomilla, Cocculus, Hepar, Natrum Carbonicum, Platina, Spigelia, Stramonium. This group is a very important one, and the characteristics given are well marked, and will be found, in the main, reliable. Under Alumina the following is given as a characteristic—"Constipation of infants." Dr. Hoyne informs us that he seldom fails to cure this trouble with the remedy. Under Causticum we find "inveterate warts on the brows," a condition which the doctor has frequently cured with the drug.

ACUTE DISEASES AND THEIR HOMEOPATHIC TREATMENT, etc. By J. P. Dake, M.D., formerly Professor of Materia Medica and Therapeutics in the Pennsylvania College of Homeopathic Medicine, at Philadelphia. Second Family Edition. Nashville: William Gamble & Co. 1871.

There is no therapeutics but Homœopathy, and J. P. Dake, M.D., is one of its ablest pioneers, as this little book clearly proves. It is a book designed for the use of families who are not able to command the services of a Homœopathic physician, owing to their distance from one. As such, it is a model of brevity, clearness, and precision. Its literary and typographical execution are in excellent taste, an observation that can not always be made with sincerity respecting the books of our school. Too often their defects of scholarship are so glaring, and their compilation so careless, as to awaken painful doubts of their scientific value. The suspicion may sometimes be ill-founded, but still it will exist, that a man who writes a book or an article on medicine, therein talking strongly about medical "science," spelling "medicine," and "science," and equally common terms incorrectly—the suspicion will arise in such cases that the man's scientific attainments are also, and perhaps similarly, defective. On the other hand, whether always justly or not, a book that gives evidence of adequate scholarship, even in these subservient matters, much more easily wins our confidence. This point is quite as important in domestic treatises as in more pretentious works; for these treatises mediate between Homœopathy as a profession and a very intelligent class of people. And, given an intelligent family, not as yet familiar with the claims and principles of Homœopathy, a case of our medicines, and one such little book as this, and a conversion to Homœopathy is about as certain as anything in the course of human affairs generally. To make such conversions has been and is the peculiar use of such works as this of Dr. Dake's, and he has succeeded well in adapting it to his end.

R. N. F.

APPLIED HOMEOPATHY; OR SPECIFIC RESTORATIVE MEDICINE. By William Bayes, M.D., Extra-Licentiate of the Royal College of Physicians, London; Member of the Royal College of Surgeons, England; One of the Physicians to the London Homeopathic Hospital, and formerly Physician to the Brighton Dispensary, Brighton. London: Henry Turner & Co. 1871.

This is another book, the literary execution of which deserves respect, while at the same time it possesses a fair share of real scientific merit.

What the author has learned during a long course of appreciative experience with drugs is here placed at the service of the profession, and the book is valuable, therefore, to every intelligent practitioner. The "cases" reported are of real significance. They are not mere *post hoc ergo propter hoc* contributions, of which we are blessed with so many; the probabilities are all decidedly in favor of the assumption that they are veritable cures. The occasional frank admissions of failure are quite as instructive as the reports of success. Doctors have a very bad habit of making public only the very astounding therapeutic feats which they have achieved; or in writing up a given medicine, they tell us only of the wonderful works that it has accomplished. Will not some enterprising physician enrich and immortalize himself by bravely writing out for us a full and faithful account of his failures, telling how often he has saved his reputation or won increased fame by lucky hits, brilliant guesses, unexpected changes; how often he has prescribed in sheer desperation and blindness, and the result; in short, unbosom freely to us, and show us how much he is like ourselves? Such a work would hardly fail to be remunerative to its author, and would certainly be of immense advantage to the profession at large. Meanwhile, we are grateful to Dr. Bayes for this well-written book, so full of valuable intelligence. It is an actual contribution to statistics, which is now our great therapeutic desideratum; for it is only by the accumulation of statistics large enough to be decisive, that the arrogance and one-sidedness of mere individual opinion and experience can be regulated.

R. N. F.

SCIENTIFIC NOTES AND GLEANINGS.

BY F. A. LORD, M.D.

RECENT experiments of a chemist in Marseilles tend strongly to show that *Hydrogen* should be classed among the metals.

THE constant presence of *Manganese* in human blood and milk is said to have been recently demonstrated by Prof. Polucci, of Italy.

THE University of Vienna now admits women to its Medical School. The rival institution, known as the "Northwestern University," in the neighborhood of Chicago, excludes them from its medical privileges.

THE TESTS FOR ALBUMEN.—According to careful experiments of Dr. Lewis, lecturer on renal and urinary diseases in the University Medical College, of New York, the various new tests that have been recently proposed for the presence of albumen in urine, viz : the tannic or gallic acid tests, and those depending on the action of carbonic acid and alcohol, are less reliable than the old methods by heat and nitric acid. The cupric-oxide test is also less trustworthy and delicate than the last mentioned.

TO REMOVE IRON STAINS.—A writer in the *Chemical News* recommends the following method as being both effectual and without injury to the fabric, which can not be said of the usual process by Oxalic acid. Let the stain be first touched with the yellow sulphide of Ammonium. This instantly turns it black by the formation of the sulphide of iron. After a few minutes wash out the excess of the reagent, and apply dilute Muriatic acid to the blackened spot, by which it is entirely removed. Afterwards wash the linen or other fabric thoroughly with water.

CONTINUITY OF THE GASEOUS AND LIQUID STATES OF MATTER—A London chemist—Dr. Andrews—has announced a discovery of the first importance, namely : That the gaseous and liquid states of matter are continuous. His experiments have chiefly been made upon Carbonic acid, confined in fine glass tubes, and subjected to various pressures up to that of 110 atmospheres. They show that, from Carbonic acid as a perfect gas to Carbonic acid as a perfect liquid, the transition may be accomplished as a continuous process, and that the gas and liquid are only distinct stages of a long series of continuous physical changes. "*Nature*," for Aug. 4th, also contains a paper by Prof. Jas. Thompson on this subject.

IMPORTANT DISCOVERY!—Dr. McDonald, of Keokuk, Iowa, publishes in the *Pharmacist* the discovery (?) that *Podophyllin* is good for diarrhoea. Four cases are reported, in two of which injections of laudanum were used "before the beneficial effects of the *Podophyllin* could be obtained." In a third case he "directed her to take a little ginger tea." The other case

made out to get well on *Podophyllin* alone. The discoverer says: "As to the *modus operandi* of this remedy, my opinion is that it acts *first as a cholagogue, and secondly as a corrective*. It seems also to have, so to speak, a *tonic effect*,—at least it leaves the biliary secretions in a more active condition." Brilliant!

A MINERAL NUTRIENT.—"A book has lately been published in Paris by M. Dusart, on the physiological and therapeutical properties of phosphate of Lime. The author maintains, after numerous experiments in the animal kingdom, that this salt is the natural exciting agent in the functions of nutrition; that it induces the albuminoid matter to assume the cellular shape, and that it controls the formation of tissues. In short, according to M. Dusart, phosphate of Lime is eminently an agent of nutrition. This view holds good also in respect of the vegetable kingdom, and the author asserts that the salt in question is concentrated in the leaf-bud, but is almost absent from the fully developed leaf, so as to become concentrated in the seed preparing for the ultimate development of the embryo. M. Dusart points out that the phosphate of Lime is always conjoined with nitrogenous matter in plants, and that the relative proportion of the salt and the nitrogen is always identical, wherever they are met with. In animals, the same phenomena take place, and when they are made to feed upon the phosphate they absorb more food and increase rapidly in weight, owing to the transformation of the albuminoid matter contained in the food into muscular fibre."—*Lancet*.

A BOTANICAL ARGUMENT FOR WOMAN'S RIGHTS.—At the meeting of the American Scientific Association, held at Saléni, Mr. Thomas Meehan read an interesting paper on the laws which regulate the production of sexes in plants. He stated that in the Norway spruce the more vigorous branches produced female flowers, and the weaker ones male flowers. In the case of the larch this peculiarity is still more observable, male flowers being produced only when the vitality of the spur is so low that it soon dies. The same law extends throughout the *coniferae*. In oaks, chestnuts, walnuts, and other plants bearing staminate catkins, the male flowers are produced in early spring, as Mr. Meehan thinks, from the expiring vegetative force of the previous year; while female flowers appear only after the shoots have begun to grow vigorously. In flowers having both stamens and pistils, a tendency to become unisexual is accompanied by debility if the stamens predominate, and by increased strength if the pistils predominate. Strawberries and violets furnish examples of the latter, while double and variegated flowers are instances of male degeneracy. In short, in plants the highest types of vitality seem to take on the female form.

THE CORRELATION OF MENTAL AND PHYSICAL FORCES.—Whatever we define thought to be, this fact appears certain, that it is capable of external manifestation by conversion into the actual energy of motion, and only by this conversion. But here the question arises, Can it be manifested inwardly without such a transformation of energy? or is the evolution of thought entirely independent of the matter of the brain? Experiments,

ingenious and reliable, have answered this question. The importance of the results will, I trust, warrant me in examining the method employed in these experiments somewhat in detail.

Inasmuch as our methods for measuring minute amounts of electricity are very perfect, and the methods for the conversion of heat into electricity are equally delicate, it has been found that smaller differences of temperature may be recognized by converting the heat into electricity than can be detected thermometrically. The apparatus first used by Melloni, in 1832, is very simple, consisting, first, of a pair of metallic bars, like those described in the early part of the lecture, for effecting the conversion of the heat; and, second, of a delicate galvanometer, for measuring the electricity produced. In the experiment in question, one of the bars used was made of bismuth, the other of an alloy of antimony and zinc. Preliminary trials having shown that any change of temperature within the skull was soonest manifested externally in that depression which exists just above the occipital protuberance, a pair of these little bars was fastened to the head at this point; and to neutralize the results of a general rise of temperature over the whole body, a second pair, reversed in direction, was attached to the leg or arm, so that if a like increase of heat came to both, the electricity developed by one would be neutralized by the other, and no effect be produced upon the needle, unless only one was affected. By long practice, it was ascertained that a state of mental torpor could be induced, lasting for hours, in which the needle remained stationary. But let a person knock on the door outside the room, or speak a single word, even though the experimenter remained absolutely passive, and the reception of the intelligence caused the needle to swing through 20 degrees. In explanation of this production of heat, the analogy of the muscle at once suggests itself. No conversion of energy is complete; and as the heat of muscular action represents force which has escaped conversion into motion, so the heat evolved during the reception of an idea is energy which has escaped conversion into thought, from precisely the same cause. Moreover, these experiments have shown that ideas which affect the emotions, produce most heat in their reception; "a few minutes' recitation to one's self of emotional poetry, producing more effect than several hours of deep thought." Hence, it is evident that the mechanism for the production of deep thought accomplishes this conversion far more perfectly than that which produces simply emotion.

But we may take a step further in this same direction. A muscle, precisely as the law of correlation requires, develops less heat when doing work than when it contracts without doing it. Suppose, now, that beside the simple reception of an idea by the brain, the thought is repressed outwardly by some muscular sign. The conversation takes two directions, and in addition to the production of thought, a portion of the energy appears as nerve and muscle-power; less, therefore, should appear as heat, according to our law of correlation. Dr. Lombard's experiments have shown that the amount of heat developed by the recitation to one's self of emotional poetry, was, in every case, less when that recitation was oral, i. e., had a muscular expression. These results are in accordance with the well known

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fact that emotion often finds relief in physical demonstration, thus diminishing the emotional energy by converting it into muscular.

Nor do these facts rest upon physical evidence alone. Chemistry teaches that thought-force, like muscle-force, comes from the food; and demonstrates that the force evolved by the brain, like that produced by the muscle, comes not from the disintegration of its own tissue, but is the converted energy of burning carbon. Can we longer doubt, then, that the brain, too, is a machine for the conversion of energy? Can we longer refuse to believe that even thought is, in some mysterious way, correlated to the other natural forces, and this even in the face of the fact that it has never yet been measured? — *Lecture before Am. Inst., N. Y., by Prof. G. F. Barker.*

DR. WOODYATT, OCULIST.—We take great pleasure in announcing to the Profession of the Northwest, the location of Dr. W. H. Woodyatt, oculist, in Chicago. Our Profession has long felt the need of an experienced oculist in the West.

Dr. Woodyatt has served his full time in Ophthalmic institutions in the East, and comes to us bearing the very highest recommendations from prominent men of the Profession who have long known him.

We bespeak for him a large business, and for the Profession an able counselor. Office, 27 Washington street, Chicago.

OUR EXCHANGES.

THE following "Gynæcological" discussions, which we condense and italicise from the *Journal of the Gynæcological Society*, of Boston, will be appreciated by our readers:

"**IPECAC AS AN ANTI-NAUSEANT.**"— "Dr. Martin mentioned that Prof. Jacob Bigelow, of this city, many years since *derived a student for speaking favorably of such treatment*, in entire forget ulness that he himself, in his 'Sequel,' then used as a text-book at the medical school, had indorsed the practice. *The use of minute doses of Ipecac to counteract nausea is common enough among physicians abroad, but strikes every one as a novelty when resorted to here at home.*

Dr. Field had *lately seen the same method of employing the drug recommended by Anstie*, in his "Practitioner," and had himself *since then resorted to it with benefit.*

Dr. Sullivan had used *very weak doses of Ipecac as an anti-nauseant for twenty-one years, following Dr. Bigelow's suggestion*, alluded to above by Dr. Martin.

Dr. Warner had *known it to be employed many years ago at the West.*

Dr. Garratt had learned of it *long since, from the late Dr. Benjamin Thaxter.* * * *

Dr. Field stated that the practice commented upon *was not to be taken as in any sense an argument for Homeopathy.* He had seen equal benefit from *very large doses* of Ipecac, varying from gr. x of the powder to 3 ss., often repeated, IN IRRITATIONS OF THE INTESTINAL CANAL, PARTICULARLY IN DYSENTERY."

This last argument seems to have been very satisfactory to the Society, for two other speakers immediately followed, each bearing testimony as to the past and present use of Ipecacuanha in dysentery, and the subject was dropped. The use of the drug in question as an emetic, and an antiperiodic, also as a means of stopping haemorrhage, and of arresting spasmodic asthma, (which usage has long been common among Allopaths), might also have been quoted to prove that the use of Ipecacuanha as an anti-nauseant is "not to be taken as in any sense an argument for Homeopathy." True, Murray, Geoffroy, and Scott affirm that it produces haemorrhage, and also causes attacks of asthma, and Pereira affirms that even the "*mere odor of the root* seems sufficient to excite difficulty of breathing, with a feeling of suffocation;" but then it was not necessary to mention these irrelevant items; or even if they had been mentioned, a reminder that such were the effects of "large doses" would have been, in a gynæcological sense, proof conclusive against Homeopathy. For it is well known at the Gynæcological Society that the word Homœopathy is derived from two Greek words, signi-

fying small doses; also that *similia similibus* has the same meaning precisely. *Ergo*, when large doses of Ipecac cure *dyssentery*, the cure of vomiting by small doses can not possibly be Homœopathy.

The second discussion that we shall notice particularly was still more decisive, if possible, in its character. Dr. Wm. H. De Camp, of Grand Rapids, Michigan, is a committee appointed by the Medical Society of his State to report upon "THE REMEDIAL SUBSTITUTES FOR BLOOD-LETTING," and he communicated with the Gynæcological Society "desiring the experience of members regarding the use of the lancet and other means of direct depletion, in acute inflammatory disease, and the employment of substitutes for them, such as Veratria, Gelseminum, Aconite, etc.

The discussion that followed will be extremely instructive to the State Medical Society of Michigan, and if that body receives equally full and direct responses from every Medical Society in the country, its information on the subject will be simply complete. It can not desire anything further. But here is the discussion, condensed somewhat, and italicised, but otherwise faithfully copied.

Dr. Warner was glad. Wished there was time for a full discussion. *For instance*, he had lately been called to a case of pelvic cellulitis *previously attended by a Homœopath*, who had called it typhoid fever. No doubt proper treatment might have done good.

Dr. Field thought that the Homœopath had been true to his faith merely; for if the total symptoms are the disease, typhoid may be treated as cellulitis, and *vice versa*.

Dr. Warner was satisfied that blood-letting is too much neglected. No other remedy oftentimes.

Dr. Lewis had been brought up so to believe, and so did believe still.

Dr. Page thought bleeding or not bleeding largely *a matter of fashion*. He had heard Dr. Warren once say that twenty years before he would have bled a certain patient, but would then give him *Epsom salts*, *out of deference to professional sentiment*. Himself had often bled, and never regretted it.

Dr. Warner agreed with Dr. Page.

Dr. Storer wanted something said *about the so-called changes of type in disease*. Thought that the President, having seen so many changes, [not of type, but of opinion,] ought to give them something worthy on that point.

The President, Dr. Lewis, had indeed seen the aforesaid changes, but he would still bleed.

Dr. Warner thought that *asthenia followed more rapidly where bleeding was neglected*.

Dr. Lewis thought lancet and leeches both to be *purely a matter of fashion*.

Dr. Warner said that the leeches were still much in use at the West.

Dr. Page said that the difference between sthenic and asthenic cases was that the former resided in the country, and the latter in cities. That was why Dr. Watson, after leaving the country to practice in the city, thought people stood bleeding better in his earlier days.

Dr. Field said that Dr. Watson had said that he had been bled with benefit

when young, but would not submit to it later in life, because of the change of type in disease.

Dr. Storer thought that Dr. Watson would have been more reasonable if he had ascribed the difference to his own diminished vitality.

Dr. Page instanced college boating men, as able to stand bleeding when young, but not when older.

Dr. Storer observed that changing the quantity of a fluid did not change its quality. In diseases of women, nearly all gynaecologists believed in local blood-letting, but hardly ever practiced general depletion, only "in very exceptional cases." They drew just the smallest amount of blood possible. Local depletion of cervix was good in hyperæmia of the uterine cavity; but salivation of the cervix was sometimes better. This salivation was simply a discharge of serum caused by application of Glycerine. He believed that parametritis and pelvic cellulitis might often be cut short in earliest stages by *appropriate antiphlogistic treatment*.

Here ended the discussion; and in our opinion the State Medical Society of Michigan has great reason to be thankful for so direct and instructive a response to its inquiry. The views of ACONITE, GELSEMINUM, and VERATRUM, though not of a character to be appreciated without study, are, nevertheless, when fully considered, as profoundly significant as any that could have been otherwise expressed. It is obvious that a good deal of scientific timidity prevailed in the Society respecting the drugs in question, and this prevented the utterance of more exhaustive views. The very word ACONITE, known as that drug now is by almost every intelligent layman and every intelligent mother in the country, and known, too, for its "antiphlogistic" virtues, is sufficient of itself to embarrass a learned and progressive body, like the Society in question, and to give to its discussions thereupon a peculiar direction and a novel flavor.

EQUAL parts of Sulphuric acid and water, applied daily to carious or necrosed bone, combines with the earthy constituents, and leaves the diseased part in the form of a layer of gelatine, which is easily removed. The acid will not injure the sound bones or the soft parts adjacent.

CARBOLIC ACID.—As a rule it is better to dissolve the crystallized carbolic acid (Calvert's) in the proportions of one part by weight of the acid to six of glycerine (*carbulate of glycerine*). In this state it can be equally diluted to any degree of strength.

In general, a *dose* of carbolic acid is one grain in an ounce of water.

As a *gargle*, one or two grains to an ounce of water.

As an *injection*, one grain to four ounces of water.

As a *lotion*, fifteen grains to an ounce of water.

As an *ointment*, sixteen grains to an ounce of benzoated lard.

As a *liniment*, one part to twenty of olive oil.

As a *plaster*, one part of carbolic acid to three parts of shellac.

The crystallized carbolic acid to be used as a caustic.

The carbolate of glycerine, as above, use in one or two drop doses, internally.

Antiseptic oil for abscesses, one part of acid to four of boiled linseed oil.

Antiseptic putty, six spoonfuls of the antiseptic oil mixed with whiting.

Aqueous solution of carbolic acid is one part of acid to forty of water (one ounce of acid to a quart of hot water well agitated and filtered.)

Sick rooms, to disinfect: place a portion of the dissolved crystals in a porcelain dish, and float it in a larger vessel of hot water.

Disinfecting purposes generally: one pound of *crystals* to six gallons of water. *Fluid*, one part to eighty of water. *Powder*, one ounce of crystals with four pounds of slaked lime.

For drains: one pound of the fluid carbolic acid to five gallons of warm water.

Toothache is often cured with one drop of carbolate of glycerine; and diarrhoea arrested in half an hour with two drops in a wineglass of water.

In all cases of parasitic life it is advisable to commence with very dilute carbolate of glycerine.

Inasmuch as carbolic acid will destroy the power of *vaccine virus*, it becomes an interesting inquiry as to the possibility of using carbolic acid internally as a preventive, so as to fortify the human system against the incoming of zymotic diseases.—*N. Y. Med. Journal*; *Mich. Univers. Med. Journal*; *Report of British Pharm. Conference, in London Pharmaceutical Journal*.

AUSTRALIA, too, has something to say about the test for human blood. A Dr. Day, of that continent, affirms that by placing a drop of any kind of blood on a piece of glass, in a temperature of about 55° F., and carefully watching it until it coagulates, the net-work or "patterns" formed by the coagulation is peculiar and invariable for each kind of blood, thus enabling us to distinguish one kind from another. The point is interesting, yet we do not see how it could be made available in ordinary medico-legal cases, where alone it could have practical value. Nor do we see why the blood should be "carefully watched" during coagulation, since that process would probably take place just as well without observation as with it. Nevertheless the *N. Y. Med. Journal* makes that a part of the ceremony.

LATE experiments have shown that urea is formed in the liver, and is simply excreted, not secreted, by the kidneys.—*N. Y. Med. Journal*.

THE *Nashville Journal of Medicine and Surgery* contains a very interesting and valuable paper entitled "Researches on Lumbar Hernia," giving a number of cases. The paper was originally read before the Imperial Academy of Medicine, Paris, by Baron Larrey. This form of hernia is located between the crest of the ilium and the lowest rib, and about midway between the anterior superior spinous process of the ilium and the spine, is seldom strangulated, ought not to be mistaken for a tumor or an abscess, and is best treated by an elastic belt and pad.

DR. J. F. KENNEDY, of Iowa, in a communication to the *Med. and Surg. Reporter*, quoted by the *Jour. of Mat. Med.*, says that he has found equal parts of sweet oil and white of eggs, applied with a large camel's hair pencil, an excellent dressing in simple burns. In severe cases, he afterwards covers the parts carefully with cloths smoothly spread with an ointment composed of one drachm of finely powdered alum and two ounces of sweet oil. Results: Great comfort to the patient, little fetor, no unhealthy granulations, no bad cicatrices, and rapid healing.

DR. HENRY T. REYNOLDS, of Baltimore, says that a grain or two of acetate of lead dropped into the cavity of a carious tooth that is aching, retained for a moment, and then spit out, will cure instantly in ninety-two per cent of such cases.—*Nashville Jour. of Med. and Surg.; Med. News.*

THE hypodermic syringe, provided with suitable stop-cocks, is now employed instead of the ordinary trocar in the exploration of tumors. It is said to be almost painless in its operation, and perfectly safe.—*Boston Med. and Surg. Jour.; American Observer.*

BOOKS AND PAMPHLETS RECEIVED.

SCRIBNER'S MONTHLY.—Am. Newspaper Reporter and Advertisers, Gazette.—Rules and Regulations of the Hahnemann Hospital of New York, Sept. 7.—Proceedings of the Convention for the Reorganization of the Medical Society of the State of California.—The Present State of the Practice of Physic, with Preface and Comments by a Medical Practitioner. Tunbridge Wells, England.—Annual Report of the Brooklyn Homœopathic Dispensary, 1869-70.—Sixth Annual Report of the Illinois Institution for the Education of Feeble-minded Children. Springfield, 1870.—Transactions of the British Homœopathic Congress, 1870.—Applied Homœopathy; or, Specific Restorative Medicine. By William Bayes. London, etc., 1871.—Acute Diseases and their Homœopathic Treatment. By J. P. Daké, A.M., M.D. Second Family Edition. Nashville: William Gamble & Co.—Maudsley on Body and Mind.—General Surgical Pathology and Therapeutics. Billroth. From D. Appleton & Co.—Northwestern Medical and Surgical Journal, Dec., 1870, and Jan., 1871. St. Paul, Minn.—Cinchona Officinalis and its Alkaloid, the Sulphate of Quinine. By W. H. Burt, M.D., of Lincoln, Ill. St. Louis: J. W. Munson, 1871.—American Association for the Cure of Inebriates. Proceedings of the First Meeting, held in New York, Nov. 29 and 30, 1870.—Annual Report of the Superintendent and Physician of the New York State Inebriate Asylum. Binghamton, N. Y., for the year 1870.

JOURNALS RECEIVED.

AMERICAN OBSERVER; Twenty-fifth Annual Announcement of the Ohio College of Dental Surgery; American Journal of the Medical Sciences; Sixteenth Annual Report of the Bond Street Homœopathic Dispensary, New York; Journal of Psychological Medicine, Jan.; British Journal of Homœopathy, Jan.; Medical Record; Medical Gazette; Medical Times; Boston Medical and Surgical Journal; Philadelphia University Journal of Medicine and Surgery; Chicago Medical Examiner; Good Health; Monthly Microscopical Journal; Nashville Journal of Medicine and Surgery; American Eclectic Medical Review; Fourth Annual Report of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburgh, Pa.; Illustrated Catalogue of Medical, Surgical, and Scientific Publications; American Observer; National Sunday-School Teacher; Vick's Illustrated Catalogue and Floral Guide; New York Medical Journal, April; New England Medical Gazette, April; The English American; American Journal of Obstetrics, etc., New York, William Baldwin & Co., publishers; Half Yearly Compendium of Medical Science, Jan.; American Newspaper Reporter; La Reforma Medica, Madrid, April; Rivista Omiopatica, Roma, April; Home and Health; New England Medical Gazette, March; El Criterio Medico, Madrid, April; Medical Investigator; Lakeside Monthly; The Arts; Family Medical Investigator.

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A FEW PRACTICAL REMARKS ON SOME OF THE DISEASES OF CHILDREN.

BY R. LUDLAM, M. D.,

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THE LACK OF SPEECH AN AID TO A CORRECT DIAGNOSIS AND TREATMENT.

One of the knottiest problems for the physician to solve is to determine, oftentimes, whether this or that symptom, or class of symptoms, complained of is genuine or spurious; to differentiate between signs that are really significant of diseased states and processes and those which are not. In our general practice, among adults, it is true that we derive much useful information from the mouth of the patient. But from the same source we often obtain much that is mischievous and indirectly injurious. Sometimes the detail of symptoms is remarkably clear and minute. Every item is distinct and definite. There is no clashing among the symptoms as they are related to us. It is plain that the patient is intelligent, composed, and truthful. We are assured that neither external circumstances nor internal emotions have changed the character

of the sensations experienced, or altered the patient's version of them.

But, with men and women alike, we are more frequently compelled to discount their complaints, and to treat them as interested witnesses whose testimony is so biased, that, if we are incapable of its proper interpretation, it will be very likely to mislead us.

In treating the diseases of infants and young children, however, we are relieved from this obstacle to a correct diagnosis and therapeutics. For there is no fraud in the behavior of these little ones. They have not yet acquired the art of deceiving themselves and others into the belief that when they are ill they are desperately so. They do not know how to feign sickness, or voluntarily to protract their convalescence. Their objective symptoms derive little or no coloring from their own imagination. In this matter they have no manifest inclination to mislead. They are sick to-day and well to-morrow. We are not compelled to set fire to the house in order to get them out of their little beds. The moment the fever has left them, so soon as the pain and inflammation have subsided, when they have been fed, and refreshed by sleep, they will react and be around again. They never croak and weary us with long-drawn complaints. And it is quite impossible for the neighborhood gossips to inoculate them with their own bad humor. Contrary to the commonly-received opinion, therefore, it may be less difficult to treat an infant than an adult. For, in respect to our diagnosis, the selection of the remedy, and the effect which it is to produce, there is sometimes an immense advantage in excluding the modifying influence of the patient's imagination, and of a thousand irrelevant circumstances, even although the little mouth is stopped in order that we may get the benefit of it. The child's face has a language of its own, and may express more than its tongue could ever tell us. The cry, the posture, the manner of sleeping, breathing, nursing, and drinking, the heat and color of the skin, the appearance of the tongue, mouth, and gums, and the pulse, may afford a better idea of the real condition of the patient than could have been obtained if it were not mute.

CEREBRAL DISEASE INDEPENDENT OF CEREBRAL SYMPTOMS.

Twelve years ago, Dr. Charles West, of London, published a medical lecture, entitled "Cerebral Symptoms Independent of Cerebral Disease."* The production was of exceeding value, as illustrating the peculiar nature, cause, and significance of brain symptoms in the early stage of fevers, in the outset of thoracic diseases, and in some disorders of the abdominal viscera. It did good service, and has doubtless been the means of saving the lives of thousands of children.

But we have often wondered why some physician, who was experienced in the treatment of the diseases of children, did not have something to say of those cerebral affections or conditions to which they are subject, and which sometimes exist in a latent form without the usual symptoms of brain disease.

If we take the class of diseases which are most prevalent among children at this season of the year, it will serve as an illustration. A child of six months is suddenly seized with vomiting. The attack is not chargeable to the taking of indigestible food, to neglect, or to unusual exposure. There is no pain or suffering, but the emesis is followed by extreme exhaustion. The face is pale, there is no extra heat of the head, no change in the pupil, no screaming, or rolling of the head, but coolness of the forehead and temples, with free perspiration thereof, and disposition to quiet sleep, without startings or stertor. After a few hours, or it may happen almost immediately, there is a copious watery discharge from the bowels. The case develops into one of confirmed cholera infantum, gastro-enteritis, or, possibly, into dysentery. The vomiting may or may not return. After one or more intermissions, which are more or less protracted, the diarrhoea becomes inveterate. Gradually a cerebral implication is disclosed. The patient becomes peculiarly irritable, there is great unrest, petulancy, insomnia, jactitation, or fickleness of appetite. Or he may wear an apathetic, vacant look, and is indifferent to what is going on around him. He

* London "Medical Times and Gazette," Dec 24, 1859.

has no longer any choice between his old nurse and the new one who has volunteered to take care of him, or concerning what he eats and drinks. The farther the disease progresses, and the more frequent the relapses, the more decided the manifestation of brain symptoms. When the anxious parent asks the doctor for his prognosis, the latter qualifies it by saying that, "if he can keep the trouble from going to the brain, the chances are that the child will get well, but that there is great liability to a sudden metastasis, which may end in cerebral congestion and convulsions."

Such an opinion is given by the physician in conformity with what, I apprehend, are very loose ideas of the special pathology of the case in question. That cerebral diseases are often secondary upon the gastro-intestinal affections of infants and young children there can be no doubt. But I have long been of opinion that, when these secondary disorders of the brain do occur, they follow as a sequel to those chronic affections of the digestive system, which have so deranged the nutritive processes as to impair the quality of the blood, and thereby predispose the little patient to cerebral anaemia, effusion, with or without meningeal inflammation and tuberculosis, and to paralysis and convulsions. This is the manifest tendency of such diseases as marasmus, gastro-malacia, chronic ulceration of the bowels, and epidemic dysentery.

My idea is that, in cholera infantum, for example, the cerebral lesion is most frequently idiopathic. The exciting cause of the disorder, whether it be the heated and impure air of our cities and towns, or some specific, invisible agency, first spends its force upon the brain. The gastro-intestinal derangement follows in the order of sequence. What is peculiar is that, in the majority of cases of this kind, there are in the onset no obvious brain symptoms to correspond with the actual lesion of the organ, whatever that may be. And hence the liability that the doctor, who practices in a domestic way, counting professional experience and the teachings of pathology as of but little practical moment, will be misled by the remote symptoms, and tempted to lose time that might be more profitably spent. We can not suppose that, when a child dies of

cholera infantum or dysentery, within thirty-six or forty-eight hours from its first seizure, having been in perfect health up to that time, that the congestion of the brain or the convulsions which carried it off were the consequence, direct or remote, of the disease in the stomach and bowels. Ordinary inflammation of mucous and glandular structures is not so erratic as to be liable to leave the gastro-intestinal track and travel to the brain on such short notice. And what is true of cases that run their course so rapidly, is equally true of those which are more prolonged in their duration.

There is another argument in favor of the theory which I have advanced. It is that the *suddenness* of the vomiting in the beginning of the attack (which is as nearly pathognomonic of the "summer complaint" as any symptom with which we are acquainted), is of precisely the same character as that which occurs in certain affections at the base of the brain, as, for example, in basilar meningitis. It also resembles that which follows a blow upon the occiput. It is like the vomiting in whooping-cough, and is as evidently due to some specific or peculiar irritation at the root of the pneumo-gastric nerve.

There are certain other clinical facts which are also confirmatory. In their incipiency not a few cases of bowel affections in children have been unwittingly cured by opiates and other narcotics, as the hydrate of chloral, for example; however risky their employment may have been, they have had the effect to insure the necessary quiet and repose, and thus to tide the patient over the difficulty. By the same rule, and without realizing the extraordinary susceptibility of the brain under these circumstances, it is equally true that thousands of children are slain by the same class of drugs every year, because the remedy is not chosen with due discrimination and the dose is not adapted to their peculiar condition. The cerebral centers are overwhelmed by this treatment.

And so, also, with astringents, which are designed to check the diarrhoeic, or the dysenteric discharges. The mischief they work in this class of diseases is not felt by the bowels, but indirectly by the brain. If the brain were not unusually

vulnerable, already in a morbid condition, even before there are any distinctive symptoms of cerebral disorder, they might be less harmful. It is only when they arrest an abnormal and excessive secretion from the primæ viæ, and which should have vent, that they compel a latent lesion of the brain to disclose itself.

Or, if we observe the effect of a brief arrest of the renal function in a case of cholera infantum, of entero-colitis, or of infantile dysentery, we find the brain is exceedingly susceptible to uræmic poisoning. The patient may be in a state of convulsibility, which anticipated the gastro-intestinal disorder, and which may continue in a latent form, and finally pass away without any very serious consequences. But, if the urine is suppressed for a few hours, we shall have an exciting cause at work which is capable of the greatest mischief. The healthy brain might perhaps be able to withstand the temporary suspension of this function, and the consequent uræmic intoxication, but one which has felt the force of the original disease-producing cause of cholera infantum can not.

Therefore we conclude that the manifest tendency to the development of cerebral symptoms, and of brain disease, is an advanced stage of the alimentary disorders peculiar to young children; their invariable existence in severe and protracted cases; their uniform presence and persistency in those who die from any of these diseases, whether in the acute or chronic form, lead us to suppose that, in a considerable proportion of them, the brain is the seat of the primary lesion. And this inference is fairly deducible from such facts as we have cited, notwithstanding the absence of corresponding and characteristic symptoms of cerebral disease in the first stage of these affections. Indeed, because we fail to recognize the earliest tokens of disease within the cranium, we are not warranted in denying their existence; neither in deciding that we shall never be able to know them and to treat them appropriately.

Allowing that one-third of the cases of gastro-enteric disorders in infants are due to some derangement of the hepatic function, that other cases are referable to the taking of indi-

gestible and unwholesome food, and that a considerable number spring from teething and other causes, it is possible that a large share of the remainder originate in some obscure disease of the brain.

If this is true, the inference is obvious. We need to develop our tact in the earliest possible recognition of those symptoms, which are so significant and yet so loth to "put in an appearance;" and our skill in curing the central idiopathic lesion of which they are signs. Our experience will suggest that, even before the ordinary brain symptoms have made their appearance in either of the diseases named, we should, if possible, anticipate and avert them. It is under such circumstances that our knowledge of the natural history of these diseases will be of the greatest service. For the difference between the educated and experienced physician and the domestic routinist is that the one looks forward and the other backward, the one is forewarned and forearmed, while the other is constantly overtaken by calamities which might possibly have been prevented. We may recur to this subject at another time.

SYMPTOMS OF THE LARYNX.

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[**NOTE.**— No symptom has been recorded in which the prover does not distinctly state that the sensation was experienced in the larynx.]

Affections of, from Syphilis.— Aur. mur., Nit. ac., Lach.

“ “ “ **Mercury.**— Aur. mur., Nit. ac.

Aching in.— Caust., Lyc.

Air, sensitive to.— Ac., Coloc.

Bruised pain.— Ruta.

Burning.— Amb., Amm. mur., Apoc. c., Ars., Canth., Cham.,

Chel., Chen., Cob., Cubebs, Curar., Elaps, Euphor., Eup. perf., Gels., Graph., Gym. can., Hydr. ac., Hyos., Lach.

- tinct., Magn. s., Merc., Merc. cor., Nux mos., Par., Phos.,
Phytol., Sulph., Spong., Ton., Viper. r., Zing., Ziz.
- Crawling.—Prun. sp., Sabin., Sulph.
- Cracking and creaking noise in.—Arg.
- Constriction.—Ac., Amm., Calad., Canth., Carb. sul., Chel.,
Coff., Cupr., Curar, Hyos., Iod., Kali nit., Laur., Mang.,
Men., Merc. cor., Puls., Spong., Verat.
- Cool feeling in.—Cact., Cist. can., Rhus.
- Coldness about.—Brom.
- Cartilage, pain in.—Fluor. ac., Sarsap.
“ swelling and hypertrophy of.—Curar.
- Drawing pain (tearing).—Amm., Bor., Caust., Curar, Chin.,
Sulph.
- Darting.—Laur.
- Dryness.—Æs. hip., Ars., Bry., Caust., Con., Copaiv.,
Cubebs, Dros., Gels., Lact., Lach., Laur., Lyc., Magn.
mur., Mang., Mezer., Natr. m., Nux mos., Phos., Puls.,
Phytol., Sang., Sep., Spong., Sulph., Sulph. ac., Zing.,
Ziz.
- Drawn upward.—Cupr.
- Feeling of obstruction.—Aur. mur., Chel., Ptel., Verb.
- Flexibility and mobility of cartilages seems wanting.—Sulph.
ac.
- Food gets into.—Kali carb.
“ and drink gets into.—Ac., Meph.
- Furred feeling.—Phos.
- Foreign body in (sensation).—Bell., Canst., Chin., Cinch. sul.,
Cubebs, Iod., Lach., Ptel., Spong., Sulph.
- Feather in (sensation).—Dros.
- Granulations in.—Curar.
- Heat in.—Canth., Carb. sul., Hyos., Sod., Magn. m., Merc.
cor., Rhus rad., Spong.
- Itching.—Amm., Bell., Cact., Carb. veg., Cist. can., Nux.
- Inflammation.—Ac., Bell., Dros., Hepar, Hydr. ac., Lob.,
Merc., Rhus rad., Spong., Still.
- Membranes, false.—Brom., Cubebs, Curar, Hep., Kali bi., Iod.
- Muscles refuse to act.—Caust.
- Mucus in.—Amygd. amar., Ant. tart., Arg. n., Aur., Calc.,

- Chel., Chin., Cina., Cist. can., Cocc., Croton, Curar., Nux vom., Ox. ac., Par., Phos., Sainb., Seneg., Sep., Spong., Staph., Zinc. ox.
- Painful to touch.—Ac., Bell., Carbol. ac., Kali bi., Lach., Phos., Spong., Viper. r.
- Pressure on left side.—Croton.
- “ in the right wall, waking him.—Jatr.
 - “ can not bear.—Lach., Viper. r.
 - “ in.—Arum, Chel., Cob., Iod., Lach., Sep., Sarsap., Spong.
- Pressed together, as if sides were.—Ac.
- “ back against the œsophagus.—Chel.
 - “ upon from below.—Calad.
- Pains, violent.—Canth., Phos.
- Prickling.—Elais, Hydr. ac., Laur.
- Phthisis of.—Ars., Calc., Carb. veg., Caust., Coca., Dros., Hep., Mang., Nux mos., Phos., Spong.
- Rush of blood to.—Chel., Hura.
- Rawness.—Ac., Cobalt, Lach., Sacch., Sarsap., Sep.
- Rattling.—Amm., Arg. n., Bar., Chin., Croton.
- Roughness.—Ac., Agar., Bor., Calc., Carb. veg., Cinch. sul., Coff., Dig., Kali, Lact., Magn. m., Mang. Natr. sul., Nux vom., Phos., Phytol., Rhus, Spong., Staph., Sulph. ac., Tell., Ziz.
- Seated pain.—Hep.
- Spasmodic rising and falling of the larynx.—Galv.
- Spasms in.—Ant. c., Men., Verat.
- Fits of occlusion of.—Curar.
- Shocks.—Sulph.
- Stinging.—Amm., Iod., Nit. ac.
- Scraping in.—Amygd. amar., Ant. c., Bov., Carb. sul., Chel., Chen., Cinch. sul., Coloc., Hyd., Hydr. ac., Lach., Lact., Laur., Natr. m., Nux vom., Rhus, Sep., Spong.
- Scraping from below upward.—Tabac.
- Soreness.—Caust., Hura., Iris., Kali hyd., Lach., Lyc., Natr. m., Ox. ac., Rhus rad., Sep., Sil.
- Stitches in.—Bar., Chel., Cob., Curar., Dros., Men., Nit. ac., Sulph. ac.

Scratching in.—Carb. sul., Cist. can., Cob., Nit. ac., Spong., Zing.

Swelling of.—Lach., Spong.

Sensation as if swollen.—Chel., Hydr. ac., Laur., Ox. ac., Sang., Sulph.

Sensation as from the vapor of sulphur.—Mosch.

“ as if the upper part of the larynx were oppressed and narrowed by mucus.—Nux.

“ as if the mucous membrane were deprived of the epithelium.—A.c.

“ as if the larynx would be closed by outward pressure.
—Ol. an.

Tingling.—Carb. veg., Iod., Magn. m.

Tubercles.—Cubeb.

Titillation.—Ac., Æs. hip., Aloes, Alum, Ambr., Amm., Amm. c., Amm. m., Anac., Ant. tart., Ang., Arg. n., Arum, Bad., Bapt., Bell., Bov., Cact., Caps., Carb. an., Carb. sul., Carb. veg., Chel., Chen., Cimicif., Coca, Cocc., Colch., Coloc., Comoc. den., Con., Copaiv., Croton, Cupr., Dig., Dros., Euphor., Fluor. ac., Gels., Gym. can., Ham., Hyd., Ip., Iod., Iris., Kali bi., Kali c., Kali chl., Lach., Lach. tinct., Laur., Lith., Lobel. inf., Lyc., Magn., Men., Merc., Mezer., Natr. sul., Nux vom., Olean., Ox. ac., Phos., Phos. ac., Phytol., Rat., Rumex, Sabin., Sang., Scill., Seneg., Sep., Sil., Spong., Stann., Staph., Stict., Stront., Tabac., Teuc., Tell., Vinc., Zing.

Ulceration of.—Calc., Sacch.

Ulcerative pain.—Kali bi.

Whistling in.—Arg. n., Chin., Spong.

Watery fluid, accumulation of.—Athain.

Upper part of larynx.—Cocc., Euphorb., Ip., Kali bi., Nux, Prun. sp., Spong., Zing.

Left side.—Carbol. ac., Croton, Phytol., Thuj.

Right side.—Jatr., Lach. tinct.

Anterior portion.—Iris.

VOICE.

Aphoria.—Ac., Alum, Ambr., Ant. crud., Ant. tart., Bapt., Bar., Bell., Bov., Brom., Bry., Calc., Camph., Cann., Carb. an., Carb. veg., Caust., Cham., Chin., Crotal., Cubeb., Cupr., Dig., Dros., Gels., Graph., Hep., Hyos., Iod., Kali, Lach., Laur., Mang., Men., Merc., Merc. cor., Mur. ac., Natr. Natr. mur., Nit. ac., Nux mos., Nux vom., Olean., Petr., Phos., Plat., Plum., Puls., Rhns., Ruta, Sabad., Samb., Sang., Selen., Sep., Sil., Spong., Stann., Sulph., Verat., Verb.

Voice not clear.—Agar., Amm., Anac., Ant. crud., Bar., Brom., Bry., Calc. Camph., Carb. an., Carb. sul., Carb. veg., Caust., Cham., Chin., Croc., Cupr., Curar., Dros., Graph., Hep., Hyos., Mang., Merc., Natr. mur., Nux mos., Nux vom., Phos., Sabad., Sarsap., Selen., Spong., Stann., Sulph., Verb.

Voice croaking.—Acon., Ars., Cina., Lach., Ruta, Stram.

Voice deep.—Anac., Arn., Bar., Carb. veg., Cham., Chin., Dros., Iod., Laur., Magn. s., Par., Sulph.

Voice feeble.—Ac. Amm. caust., Ant. crud., Ant. tart., Bell., Brom., Cact., Crotal., Curar., Daph., Gels., Lach., Lam. alb., Lyc., Op., Rhus rad., Spong.

Voice hissing.—Bell., Phos.

Voice hoarse.—Ac., Æs. hip., Aloes, Alum, Ambr., Amm., Anm. mur., Amygd. amar., Anac., Ang., Ant. crud., Ant. tart., Apis, Arg. nit., Arn., Ars., Arum, Asaf., Aur. m., Bapt., Bar., Bell., Benz. ac., Berb., Bov., Bry., Cact., Calc., Calc. caust., Camph., Cann., Canth., Caps., Carb. an., Carb. sul., Carb. veg. Cast. Caust., Cham., Chel., Chin., Cic., Cimicif., Cina., Coca., Coff., Colch., Coloc., Con., Creas., Croc., Crotal., Croton, Cupr., Curar., Dig., Dros., Dulc., Elaps., Eup. perf., Ferr., Gels., Graph., Hep., Hyd., Hyos., Ignat., Iod., Iris, Kali, Kali chl., Lach., Lach. tinet., Laur., Led., Lepid., Lyc., Magn., Magn. mur., Mang., Men., Merc., Merc. cor., Merc. jod., Mezer., Mur. ac., Murex., Natr., Natr. mur., Natr. sul.,

Nicc., Nitr., Nitr. ac., Nux mos., Nux vom., Ol. an., Oleand., Op., Ox. ac., Par., Pedic., Petr., Phel., Phos., Phos. ac., Phytol., Plat., Plumb., Prun. sp., Ptel., Puls., Rhodod., Rhus, Rumex., Ruta, Sabad., Sacch., Samb., Sec. cor., Selen., Seneg., Sep., Sil., Spig., Spong., Stann., Staph., Stram., Stront., Sulph., Sulph. ac., Tar., Tell., Thuj., Ton., Verat., Verb., Vine., Vit., Xan., Zinc., Zing.

Voice hoarse at night.—Arg. n.

Voice hoarse in the evening.—Alum., Carb. an., Carb. veg., Caust., Lach., Lact., Magn., Nicc., Sulph.

Voice hoarse in the afternoon.—Alum., Brom., Chin. sul., Petr.

Voice hoarse in the morning.—Ac., Arn., Ars., Bov., Carb. an., Carb. veg., Colch., Creas., Dig., Iod., Lact., Magn. m., Natr. inur., Nicc., Nux, Par., Phos., Sulph.

Voice hoarse in the forenoon.—Magn.

Voice hoarse periodically.—Nux vom.

Voice hollow.—Ac., Ant. tart., Bar., Bell., Camph., Carb. veg., Caust., Chin., Cina., Creas., Croton, Dig., Dros., Euphorb., Hep., Ignat., Ipec., Lach., Led., Magn. s., Nux mos., Op., Phos., Samb., Sec. cor., Sil., Spig., Spong., Stann., Staph., Stram., Verat., Verb.

Voice interrupted.—Cic., Dros., Euphr., Magn., Spong.

Voice low.—Amin., Caust., Ang., Ant. crud., Bell., Brom., Cact., Cann., Canth., Caust., Cham., Chin., Dros., Gels., Hep., Ignat., Laur., Lyc., Mosch., Nux vom., Op., Par., Puls., Sec. cor., Spong., Stann., Staph., Sulph., Verat.

Voice murmuring.—Hyos., Lach., Op., Stram.

Voice with a nasal sound.—Bell., Bry., Cubebs, Lach., Lyc., Merc., Phos. ac., Staph.

Voice raised.—Cupr., Stann., Strain.

Voice rough.—Alum., Ambr., Ars., Amm., Ant. crud., Bell., Bor., Bry., Calc., Camph., Carb. veg., Caust., Cham., Chen., Chin., Coff., Creas., Crotal., Cubebs, Dros., Eup. perf., Gent. lut., Hep., Hydr. ac., Hyos., Iod., Kali, Lach., Laur., Mang., Men., Merc., Merc. iod., Mezer., Natr. inur., Nitr., Nux inos., Nux vom., Phos., Phos. ac.,

Plumb., Puls., Rhus, Sarsap., Seneg., Spong., Stann.,
Staph., Stram., Stront., Sulph., Sulph. ac., Tabac., Thuj.,
Verb., Zinc.

Voice shrieking.—Cupr., Stram.

Voice soundless.—Ambr., Calad., Carb. an., Chin., Cina.,
Dros., Hep., Natr., Rhodod., Samb., Spong., Vit.

Voice trembling.—Ac., Amm. caust., Ant. erud., Ars.,
· Canth., Cupr., Ignat., Lam. alb., Merc.

Voice whistling.—Curar.

EPIGLOTTIS.

Feeling as if paralyzed.—Ac.

Stitch in.—Ang.

Sensation as if something were sticking to.—Arum.

Scraping region of.—Puls.

AGGRAVATION.

Breathing.—Hep.

Coughing.—Bell., Hep., Sarsap., Spong.

Damp and cold weather.—Carb. veg.

From getting heated.—Ant. c.

Inpiration.—Bell.

Laughing.—Arg.

Pressure.—Curar., Hep.

Talking.—Amm. c., Bell., Carb. veg., Hep., Spong.

Touching.—Bell., Lach.

Turning the throat.—Bell.

Walking against the wind.—Nux mos.

AMELIORATION.

After dinner.—Magn.

After eating.—Carb. an., Curar.

From rest.—Ant. c.

After shaving.—Brom,

When smoking tobacco.—Mang.

CARDIAC MYALGIA.

BY PROF. E. HALE, M. D.,

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In our investigations of non-organic diseases of the heart, we generally divide them into Nervous and Inflammatory. We are apt to lose sight of, or forget that there may be, a disorder of the heart purely *muscular* in its character.

In that valuable and unique work by Inman—a “*Treatise on Myalgia*”—that writer says: “An inquiry of great interest now forces itself upon us, which is, Do the heart and other muscles, removed from the influence of volition, participate in the affection known as myalgia?” He says of the heart: “We know that in its minute structure it resembles voluntary muscle, that its fibres are striped, and that many of them terminate in tendinous prolongations. Is it affected by debility in the same way as the muscles of the abdomen? We have seen that constitutional and local debility produces irregular action in a muscle, that then excessive cramp is the result, and that cramp is almost invariably attended with severe pain.”

The irregularity of action in voluntary muscle is evidenced by pain more frequently than by spasm; but, as the heart can not feel the former, except under exceptional circumstances, as in angina pectoris, we can only anticipate the latter. In reality this is the case.

Palpitation of the heart is an evidence of increased muscular excitability, precisely in the same way as muscular pain or spasm is an evidence of debility (*i. e.*), when it does not arise from absolute over-exertion. It is produced under the same circumstances as myalgia would be, and, consequently, it is rare to find a patient complaining of one without the other being present. Prof. Inman is of the opinion that palpitation of the heart is the analogue of *pain* in the muscles under the immediate influence of volition.

I have for several years been convinced of the truth of this proposition, and believe that a large proportion of cases which are called nervous disorders of the heart, are really *myalgic* affections of that organ.

We all know that the rule—that muscles are weak and irritable in proportion to their debility—will hold good in nearly all cases. Why should the heart be exempt from this rule?

When a patient is recovering from any disease, like typhoid fever, and we find the heart beating irregularly; or when, from excessive loss of blood, we find irregular pulse and more or less cardiac pain, we do not feel anxious, as we know that, with returning strength, the abnormal action of the heart will cease. That muscular pain, spasm, or cramp of the heart is often mistaken for angina pectoris, I am fully convinced. We should avoid such diagnoses, and bear in mind the important part which muscular debility of the heart plays in causing cardiac disorder.

A mistake in diagnosis in this condition is unfortunate both for physician and patient. If the disorder is purely from muscular *atony*, and we give the remedies indicated for nervous disorder, we shall not be successful.

Arsenic, Spigelia, Lachesis, Aconite, and Rhus may prove specific for angina pectoris, or cardiac neuralgia, but they will have no influence in removing the irregularity, palpitation, and pain caused by a debilitated condition of the muscular substance of the heart. Here we must rely on Iron, Nux vomica, Helonias, Hydrastis, Collinsonia, Kali carb., a strong nutritious diet, and pure air.

Myalgia of the heart often occurs after rheumatism, even when no valvular lesions are present. We all know how often muscular rheumatism leaves muscular debility elsewhere, and why should it not have the same effect on the heart? In such cases the treatment is the same as before mentioned.

But there is another cause of muscular disease of the heart which might almost be called *organic* in its character. I allude to cardiac disorder brought on from over-exertion, severe muscular efforts, and the like. This kind of disorder

usually occurs in persons not accustomed to severe exertion. It was quite prevalent in the army, where it was brought on by long, rapid, and forced marches. It is often caused by athletic sports, such as base ball, rowing, leaping, and running.

What is the condition of muscle after such exertion? A knowledge of the physical condition of the muscles during intense myalgia can only be gained by examining muscle in cases of tetanus, and in animals hunted for a long period before death.

In the former, according to Dr. Copeland, the muscles present a *pale* appearance, in many parts like the muscle of fish, arising, probably, from the blood having been squeezed out of the vessels. In other parts they had lost their fine filamentous structure, and presented a soft, spotted mass, which was easily torn. Extensive ecchymoses were frequent, and contrasted strongly with the pallor of other parts. Under the microscope the primitive fasciculi exhibited here and there the characteristic signs of extreme contraction, fusiform swelling, and a closer approximation of the transverse striæ than usual. In other parts these fasciculi were reduced in size, and the striæ were either far apart, or had *disappeared entirely*.

In cases of animals hunted an unusual time, the muscles, according to Inman, were *pale*, looking like a turkey's breast, and easily broken into fragments. There were spots of ecchymoses, ruptured fibre, destruction of blood vessels, extravasation of blood, and emptiness of intra-muscular blood vessels. With the microscope he found that the fibres broke under the gentlest manipulation. The transverse striæ were almost universally absent.

I make no doubt that after severe and prolonged exertion, in which the heart is excited to excessive action, the result may, in some cases, be similar to this description. Especially will this occur if the patient was already suffering from general debility, or was altogether unused to such exercise.

The therapeutical indications in such cases, to the homœopathist, are plain enough. We must treat the condition just

as we would a diseased muscle anywhere, namely: as near absolute *rest* as possible, the recumbent posture in severe cases, a non-stimulating diet, and the administration of Aconite, Arnica, Rhus, Kali carb., Nux vomica, Sulphuric acid, and other remedies known to have a specific effect in such conditions.

There is another muscular disease of the heart which it is important to note. I allude to cramp, or spasm of the heart. There is no reason why the heart should not be affected in this manner. The stomach and uterus, both involuntary muscles, are subject to these diseases. It is, however, important to bear in mind that cramp in those organs is not incompatible with life, and a patient has opportunity for complaint; whereas cramp, affecting the entirety of the heart, must prove suddenly fatal. Happily it rarely, if ever, affects the whole heart at once; a portion of the heart may be affected with painful spasm without its rhythmical action being suspended. This may be the case in angina pectoris, and it is more than probable that this painful affection, hitherto supposed to be neuralgic, may often be myalgie in its character, or, when recurring in a weak heart, consist of both conditions combined. If, in patients suffering from angina pectoris, other muscles in the body are weak, painful, and subject to cramps, we may safely presume that the heart suffers from the same kind of affection.

The *treatment* of myalgia of the heart when it assumes the spasmodic form, or, rather, when paroxysms of cramp or spasm occur, is to be conducted just as we would muscular debility and spasm elsewhere. The *first* indication is to improve the nutrition of the general muscular system, and thence the heart. In order to do this, we must allow the heart to *rest* as much as possible, *i. e.*, we must not allow any motion of the body, or irritation of the mind, to increase the normal or habitual action of the heart. It is not necessary that the patient shall keep the recumbent position, but that he shall, in taking some exercise, avoid such exertions as shall excite the heart. The diet should consist of milk, meat, and such vegetables as are the most nutritious. Tobacco, coffee,

and green tea should be prohibited, and cocoa or pure black tea substituted.

There are three classes of medicines useful in cardiac myalgia and its concomitant affections, namely :

I. Those which improve the general tone and nutrition of the muscular system as well as the heart. These are Ferrum, Cinchona, Nux vomica, Ignatia, Collinsonia, Hydrastis, Hyposulphite of Potassa, Phosphoric acid, Muriatic acid, Helonias, etc. These should be given in the lowest attenuations, frequently repeated.

II. Those medicines which correspond, primarily, with the muscular spasm, and, secondarily, with the muscular atony of the heart. These are Digitalis, Cactus, Lilium, Hydrocyanic acid, Cuprum, etc. If we wish to combat cramp or spasm of the heart with this class, we must prescribe the middle attenuations ; and, if we wish to remove or palliate the cardiac debility, irregular action, and palpitation, the lowest attenuations must be used.

III. Includes those which cause spasms of muscular fibre by an irritant action on the nerves, and may be used as palliatives if the symptoms call for them. The most useful are Belladonna, Gelsemium, Veratrum alb. and vir., Viburnum, Kali bromatum, Agaricus, Cimicifuga, and Solanum. These generally need to be prescribed in the lowest attenuations, and the dose frequently repeated.

CLINICAL NOTES AND OBSERVATIONS.*

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ACONITE IN CHILL AND FEVER.

Mrs. H., aged 49, after a fatiguing walk, sought a cool retreat to rest. She soon began to feel rigors passing down her back, which were followed by shuddering and indescribable aching from the head to the lower extremities. She could scarcely endure contact with the bedclothing, and this sensitive and sore feeling was all over the body. She had great thirst, a thick, white coating upon the tongue, a tumeified countenance, expressive of much pain. Her pulse was not much accelerated. Chilliness and heat in rapid alternation, with this intolerable aching, thirst, and dry skin continued all night. Was called in the morning to see her, and prescribed Arsenicum 3d trituration; called in the afternoon, and found that her pains had been frightful, tending more to her head; prescribed Aconite 3d. The first dose had a quieting effect; her pains became diminished; her skin moist; sensitiveness to contact was removed; her thirst diminished; and, finally, she fell into a quiet slumber and rested well until morning. She soon recovered.

ARSENICUM IN DYSENTERY.

In attacks of this disorder characterized by intense thirst and frequent small discharges of blood from the bowels, attended with burning and painful tenesmus, one or two doses of Arsenicum 6th has generally afforded prompt relief. The drink allowed the patients has been barley water, and, in some cases, flaxseed tea.

ALOES IN DYSENTERY.

The 3d centesimal of Socotrine aloes has been found of great service, if not entirely salutary, in dysenteries, when the

* Continued from page 326.

patient has some dryness of the mouth, thirst, and when the stools have been frequent, with extremely painful and burning tenesmus at the extreme of the rectum.

ALUMINA FOR COUGH.

Mrs. B. had been troubled for several months with a cough that occurred daily, soon after waking in the morning. Much of the time the cough had been dry, and came on in paroxysms not unlike those of whooping-cough. There were, however, occasionally catarrhal symptoms, and expectorations early in the morning; some soreness of the throat and considerable emaciation, which created a little alarm as to the result. The pulse was not irritable, neither was there an appreciable loss of strength. A dose of Alumina 3d trituration, given every night for a week, effected a cure.

ARNICA IN A CASE OF PROTRACTED INTERMITTENT.

A lady resident of Mishawaka, Ind., had for many months been the victim of a tertian ague, which had only yielded temporarily to Sulph. quiniæ. She grew weaker continually, until her appetite failed and nutrition became seriously interrupted. She complained of the soreness of the scalp and of the muscles generally, and a cough that occasioned much distress on account of the general soreness of the chest and the pectoral muscles. Believing that Quinia had entailed this suffering, Arnica was administered in drop doses of the tincture for two days, at intervals of two hours. The patient began to experience relief very soon, and fully recovered her health in ten days.

AURUM IN SYPHILITIC RHEUMATISM.

A young man who contracted syphilis and was treated with massive doses of Mercury was pronounced well by his medical adviser, and he went to his business. He soon began to experience pain in the lower extremities and feet, that greatly

impaired his ability to stand or walk. He experienced pains in the soles of his feet and ankles, and deep-seated pains in the legs; more troublesome at night. Gave Aurum 6th; the first prescription gave prompt and radical relief.

ALOES FOR HEMORRHOIDS.

A gentleman, aged 46, was confined to his house by an attack of piles, which protruded like a bunch of grapes, and were exceedingly sensitive, burning and painful. The only mitigation of suffering which he could procure was from a cold sitz-bath, or the application of cold compresses. The case indicated the use of Aloes, and it was administered in the 3d trituration; two doses a day were given at first; a partial relief was obtained in twenty-four hours. In the brief period of four days the tumors had disappeared, regular daily evacuations became established, and the patient rejoiced in finding himself cured.

ÆSCULUS HIP. FOR HEMORRHOIDS AFTER LABOR.

Drop doses of the tincture administered at intervals of three hours promptly cured a distressing case of piles, after confinement, where the tumors were much swollen, and there was no hemorrhage, but much burning and smarting pain.

BARYTA IN COUGH.

A young man of strumous habit, and prone to take cold easily, had suffered for many weeks with tickling in the larynx, and cough. He expectorated considerable mucus, and nearly all the time he suffered from coryza. After trying several remedies that appeared to be indicated, with little effect, Baryta carb. in the 6th attenuation was prescribed with good result; the cough ceased, and the catarrhal symptoms disappeared. This remedy has often proven satisfactory in the treatment of sore throat and cold in the head in persons of scrofulous diathesis and very impressible to cold.

BELLADONNA IN CONGESTIVE FEVERS.

I have observed the best of effects from the employment of Belladonna in chill and fever where there was strong determination of blood to the head, or to the chest, and also in acute hepatitis supervening upon a chill, and for pleuritis following a *chill*.

BELLADONNA IN ERYSIPelas.

A lady, aged 40, who had suffered from several attacks of erysipelas, was seized with a violent headache and cold chills running down her back. Very soon after her face became red and swollen, and her eyes and ears became seriously inflamed. There was no mitigation of the headache or chills. A dose of Belladonna was administered and prompt relief followed; the pain left her head, and the chills ceased. But her face was much swollen and inflamed; her eyes were closed and lips swollen to a degree that rendered the appearance of her countenance almost monstrous. Belladonna was repeated at intervals of two hours. She rapidly recovered, and was entirely well in a few days. No other remedy was employed. What seemed to be a matter of interest in this case was the fact that her former attacks had been less violent, but much more protracted under the repugnant treatment of her allopathic attendant, and her recovery had always been slow, and attended with considerable prostration.

BISMUTH IN A CASE OF INVETERATE DYSPEPSIA.

A gentleman, aged 34, boarding at one of our first-class hotels, was unable to partake of any solid food for many weeks, on account of the distress which followed in his stomach and bowels. He suffered all the time from pains in his head and abdomen, and pains in the upper and lower extremities, that made him very restless. His bowels were sometimes loose, and he often passed considerable bloody water. He was very greatly prostrated. Gave him Arsenicum, as he

craved cold drinks, but this produced no relief. Gave him *Nux vomica* with like result; and, finally, Bismuth was administered. The first dose relieved the irritability of the stomach; the second, given two hours after, operated favorably; he was able to partake of a little toast, which did not distress him; his thirst was diminished; he had no further discharges of bloody water from the bowels. Gave him the third dose in four hours, after which he ate a piece of tenderloin and drank a cup of black tea. He took no other remedy. He fully recovered his health and strength in four weeks, since which time he has remained quite well.

BROMINE IN CROUP.

A case of croup in a child two years old, that had baffled all efforts to relieve him for two weeks, was regarded doubtful as to the result. Perceiving that the croup was evidently complicated with pneumonia and heat of the chest, prescribed Bromine 3d decimal dilution in half a tumbler of water. Gave a teaspoonful every thirty minutes. A change took place in the symptoms directly. The child breathed more easily, but asthmatically. The remedy was continued, and convalescence took place rapidly.

BRYONIA IN ERYSIPelas.

A lady, aged 33, after a fatiguing ride on a hot summer's day, was seized with a headache and coldness of the surface, which was soon followed by extreme heat and erysipelatous inflammation, affecting the face and joints. The eruption upon the face was vesicular, while that upon the joints was characterized by burning and itching. She had rheumatic pains in the joints, which, together with the pain in her head, were aggravated by the slightest motion. Gave Aconite 6th, which gave but little relief. This was followed by Bryonia the 6th dilution in drop doses at intervals of an hour. She had taken but three doses when she experienced decided relief. The Bryonia was continued at intervals of three hours. She recovered fully in three or four days.

CALENDULA IN LACERATIONS.

A few drops of Calendula tincture in water, injected with a syringe will arrest hemorrhages from laceration of the uterus and the perineum, occasioned by labor. It may be employed in fifteen or twenty minutes after the child is born.

CANTHARIS IN BURNS.

Inflammations and blisters arising from burns and scalds are readily controlled by putting twenty drops of the tincture of Cantharides in half a pint of water, and by giving a tea-spoonful internally, and bathing the affected surface with the same, or by applying compresses wet with this preparation. This remedy in the 3d dilution has repeatedly cured tenesmus of the bladder, and chronic inflammation of the neck of the same.

CANNABIS SATIVA IN HUMID ASTHMA.

A gentleman subject to catarrh, and a sufferer from frequent attacks of humid asthma, was entirely cured by the administration of drop doses of the 6th attenuation of Cannabis sativa in water, repeated at intervals of three hours.

CARBO ANIMALIS IN HECTIC FEVER.

A lady, aged 32, had been afflicted with cough, hoarseness, and night sweats, very fetid and debilitating, following a slight chill and considerable fever every evening for many weeks; during the day she complained of coldness and aching in the lumbar regions and lower extremities. A dose of the 6th attenuation of Carbo animalis was directed to be given morning and evening. She soon evinced signs of convalescence, and finally recovered without resort to any other remedy.

COCCULUS IN SPINAL IRRITATION.

Have found the 6th dilution of Cocculus effective in curing a case of spinal irritation in a young woman, aged 20, who

had suffered much from vertigo, and frequently with sick headache on rising in the morning. After suffering in this way for an indefinite length of time, she began to experience stiffness in the muscles of the neck and great weakness; she had considerable pain in the lower portion of the spine and trembling of the limbs; she also complained of oppression of the chest, palpitation of the heart, paralytic weakness of the right side, and numbness in the right upper and lower extremities. Directed the use of the flesh brush over the surface of the parts affected, and ten drops of the 6th dilution of Coccus in four tablespoonfuls of water—a teaspoonful to be administered every three hours. She soon began to experience decided relief. The remedy was discontinued after a week, and no further medication was required. She continued to improve in health from day to day until her recovery was complete. Have also administered this remedy in several cases of *chorea* affecting the muscles of the face and extremities, and with satisfactory result.

COLCHICUM IN RENAL DERANGEMENT.

Mrs. N., aged 43, had frequent attacks of pain in the region of the kidneys, with great weakness, lameness, and darting pains through the right side. The urine was hot and diminished in quantity. It was sometimes of a brown color, at other times almost as dark as ink. She had no perspiration; her pulse was accelerated and indicative of fever. Aconite 3d was given with no perceptible benefit, and likewise Belladonna 3d. Colchicum 3d dilution was then directed in drop doses every two hours for one day, and decided relief from suffering was experienced. The continuance of the remedy was directed at longer intervals, and she reported herself well in two weeks. She remained in comparative good health until a relapse was provoked by over-exertion and a long ride. Colchicum, as before, was administered, and she soon regained her health.

COLOCYNTH IN CHRONIC COLIC.

Mr. S., a student of medicine, had for several years been subject to attacks of colic, that seemed uniformly to be confined to the region of the umbilicus. He was first treated by a physician of the regular school without success, and by the advice of friends he called in another to supersede him ; and, although he became the subject of thorough treatment with alteratives and purgatives, etc., he obtained no relief. Afterwards he resorted to various means, hoping to obtain a respite from the attacks, but to no good result. At length he applied reluctantly to a physician of the homœopathic school, and consented to try his prescription, which was Colocynth of the 2d dilution, to be taken in five-drop doses in water three times a day between the paroxysms. He continued the remedy for eight days, and subsequently had no return of the colic.

CROTON TIGLIUM IN CHOLERA INFANTUM.

Croton tiglium in drop doses of the 3d or 6th dilution has been found of great service in the treatment of cholera infantum, of teething children, affected with excessive nausea and frequent discharges of greenish or yellowish water from the bowels.

CUPRUM IN CEREBRAL MENINGITIS.

A child, two years old, began to vomit watery matter from the stomach, and to suffer from colic and spasms, having much heat in the forehead and intense thirst. Cold water would temporarily prevent the vomiting, but not a distressing hic-cough, that seemed certain to end in a convulsion, after which the child lay in a comatose state for twenty-four hours. Belladonna did but little in the way of relief. The heat in the head was great, and, while the child was in a deep sopor, there was twitching and jerking of the limbs, coldness of the hands, and a bluish appearance of the fingers. A dose of Cuprum the 3d trituration was put into the child's mouth when

in a deep sleep, and when the heat in the forehead was so great as to heat cold water compresses in a few minutes. After an hour the heat of the head began to subside, the hands became warm, the twitching ceased; the child awoke and soon returned to consciousness. The remedy was not repeated; the single dose sufficed to bring about the complete recovery of the child.

ELATERIUM IN CHOLERA INFANTUM.

I have found this remedy quite effective in this disorder when the stools were frequent and uniformly frothy, watery, and of pea-green color. It is also a curative remedy in the incipient stage of cholera in adults, when the stools are greenish or frothy. Dose 1 grain of the 3d centesimal trituration.

GELSEMINUM IN VERTIGO AND FEVERS.

A lady who had borne several children was subject to serious attacks of vertigo, which were attended with dimness of vision and fever, during which she would appear like one intoxicated. The 3d dilution, given night and morning in drop doses in water, effected a radical cure. I have also found Gelseminum an excellent remedy in low fevers when the pulse was slow, and particularly when by lifting or turning the patient the pulse would become accelerated.

GLONOINE IN NERVOUS HEADACHE AND SUNSTROKE.

Had a patient complaining of burning pain in the cerebrum and violent chills, aggravated by light, and vertigo in the morning. He had been exposed to the burning rays of the sun, until sparks flashed before his eyes, and a sense of heaviness and enlargement of the head came over him. Regarding the difficulty as the effect of sunstroke, prescribed Glonoine 1st centesimal dilution, which soon relieved the patient of all the above symptoms.

IRIS VERSICOLOR IN SICK HEADACHE.

In cases of sick headache affecting one side of the head more

than the other, Iris vers. is generally curative; and also in hemicrania of the right hemisphere this remedy has been found to act promptly in curing the patient.

GRAPHITES IN A CASE OF ECZEMA.

A son of Rev. Mr. N., about eight years old, had suffered since the period of dentition from eczema covering the entire body. The little fellow had suffered many things of many physicians. After studying his case thoroughly, gave him a daily dose of five globules, saturated with the 30th attenuation of Graphites. The eruption soon began to disappear, and all the friends of the little sufferer began to rejoice over the apparent triumph over the disease. But after a time he had a relapse, and Graphites 200th was given. This was followed by amelioration, which gradually resulted in complete recovery.

GRAPHITES IN HERPES.

A case of chronic herpes in a lady of 38, of many years' standing, became seriously annoying. It had received considerable attention in the way of medical treatment from those high in authority, but with only temporary relief. At last her face, arms, and hands became the seat of dermic inflammation that caused severe pain. In the bend of the elbow there were deep fissures where the skin had become inflamed and broken by bending the arm. The form which the difficulty now assumed was inflammatory and humid, causing considerable fever and general disturbance of the functions. Aconite 3d was given to allay the fever. This was followed with Calcarea in daily doses for a week, with susceptible advantage. Hepar sulph. was then given for a week in daily doses, and no improvement. Graphites 30th was then given once a day. A perceptible change for the better soon followed, and in the course of three months she had so improved that the inflammation had entirely subsided, and with it the herpes nearly all disappeared.

DISEASES AND CONDITIONS PECULIAR TO OLD AGE.

BY LEONARD PRATT, M. D.,

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Chicago.*

In view of the importance of prolonging human life and relieving suffering as much as possible to its termination, do medical men investigate, experiment, and make observations upon the diseases incident to old age, and the modifications which the decline of life causes in maladies common to all periods, as much as the best interests of society demand? This is a serious question pressing itself upon the attention of the profession. The time is coming when it must be met.

Correct views of the influence of age on disease and its means of cure add very much to the capacity and means of doing good which qualify the daily practitioner for efficiency in his calling. When the physician calculates a prognosis, he must take into consideration something of effects of age upon the course, progress, and termination of the malady under treatment. He knows very well that each epoch of life requires special attention and peculiar consideration, and a proper estimate of these necessities is quite an element of success. Each epoch of life—infancy, youth, maturity, and old age—sustains special relations to his duties, and requires at his hands distinct, rational thought.

These relations, as manifested in infancy and childhood, have received for a long time a large share of the investigations and attentions of the medical profession.

It is found that maladies affecting that period of life particularly, and others modified by it, demand special treatment. When life is drawing to its close, when it is passing through its ultimate term of activity, it seems equally important that we note, investigate, and recognize the diseases and modifications which occur during this closing period of man's earthly career. They should be more perfectly understood.

It awakens a deep interest in the mind of the physician to note the natural process and course of decay, not only in a physiological point of view, but because it enables him to judge more perfectly of the influence of modes of life, constitutional condition, and effects of previous diseases upon the case in hand. The elements composing the human body have a limited time in which to perform their allotted functions, and they then die and give place to others. Thus would man's earthly tenement decline in regular gradation until some apparently slight cause should destroy the harmonious action of an organ or organs essential to life, thereby making it unfit for occupancy, were it not for the fact that many morbid causes are continually in operation. These causes perpetually vary, and innumerable influences modify the normal process of decay.

What the special influence of age is in changing the functions and structures of organs whereby morbid signs are varied; to determine the variations of symptoms from influences and conditions which characterize certain periods of life, and their combined effects upon the actions of curative agents, is a problem which this generation will not be able to solve. Yet this is a legitimate and practical field of inquiry for the progressive physician. Knowledge available in prolonging human life and soothing the pangs of disease still lies buried in this field. The physician in active practice daily meets these influences, contingencies, and agencies, and is compelled to combat them with a very limited knowledge of what they are. Investigation, experiment, and observation have not yet dispersed the clouds which darken this part of the medical atmosphere. The progress of general intelligence in other directions, and the demands of the age in which we live, require more light on this branch of medical research.

The epoch of human life to which reference is made usually begins about the forty-eighth year, and in women from three to five years younger. But these ages may vary considerably.

Physiological life does not always find a true index in the number of years which have passed.

After the activity of mature years has reached its zenith,

there is a gradual but sure loss of the normal balance and harmonious relation of the various organs of the body. Besides the general changes which then take place, it may be well to note some of the particular alterations, modifications, and changes which occur in some of the vital organs.

The organs of respiration undergo peculiar alterations.

The cartilages of the ribs become ossified; the ribs gradually approach each other; the intervertebral cartilages contract or shrink; the transverse and vertical diameters of the chest diminish; the spine assumes a curved position; and the fissures between the lobes of the lungs become more vertical. In the right lung the middle lobe falls downwards and forwards; the lower one is drawn up behind; while in the left lung the upper lobe becomes posterior and the lower one anterior.

The whole lung is diminished in size. The vessels appear lessened in number and size, while the cells increase to full double the size of those in adults previous to old age. The original conical form of the lung is lost. Sometimes the apex becomes larger than the base. In extreme old age the fissures may disappear entirely, and the air cells become irregular as well as enlarged; there is less density of the lungs; the blood vessels are smaller, and the quantity of blood transmitted through them is less. In respiration the expiratory murmur increases as age advances, and the inspiratory one is roughened and shortened.

The movement of the ribs is more limited, and that of the diaphragm increased.

Less blood circulates through the lungs. It is not so well aerated and purified.

The number of respirations increases from four to six per minute.

Important changes take place in the nervous system and brain, all of which are diminished in size and weight. The membranes of the brain and spinal cord are opaque and thickened, especially the pia mater, and calcareous deposits take place in them, and occasionally little plates of cholesterin are found in vesicles of the membranes of the brain.

The fluid in the ventricles is increased. The brain shrinks from the skull, which latter becomes thinner, and the diplöe disappears by absorption. The sulci are more distinct; the gray substance of the brain is not so deep, and there is less blood in it. The arteries at the base become degenerated and are atheromatous. The medullary substance is frequently harder or firmer than natural.

This condition of the brain and nervous system necessarily affects the organs of sense in a manner familiar to the common observer.

The bond of sympathy between healthy organs is thus weakened by impairment of nervous function, and at times almost lost. Hence organic disease in old age is often limited to one organ, when the same disease in the young would develop serious sympathetic, morbid signs in numerous organs. Difference in the blood and its circulation contribute to produce this effect.

Other changes occur.

The villi and glands of the digestive organs shrink. The mucous membrane thickens, and the muscular coating becomes atrophied. The organs of circulation change. The heart diminishes in size frequently, but sometimes becomes larger and more powerful. The veins are found tortuous and distended; the capillaries smaller; the endocardium is found to have spots of atheroma on it, and the arterial coats are often similarly affected. Physiologists have noticed that during the decline of life to decrepitude, there is a slight decrease in the number of cardiac pulsations, and that there is in the latter condition an increase of five to seven beats per minute.

As years advance it is well known that a gradual deterioration of the power of digestion and assimilation accompanies them, and in proportion to the rapidity of this failure there is a simultaneous change in all the tissues of the organism.

Owing partially to the peculiar organic changes mentioned in the lungs of old people, they become very subject to attacks of pneumonia. Probably nearly one-sixth of the deaths occurring in this epoch of life are caused by that disease.

This proportion varies in different climates. The attacks

are most frequent in the cold months. Owing to its being latent in many cases, close attention to the symptoms is required to prevent errors in diagnosis. Frequently the pain, dyspnœa, cough, and expectoration are slight. It often occurs that the rusty colored sputa which characterizes pneumonia is wanting. It is sometimes gray and opaque, occasionally transparent and viscid. At times there is sufficient bronchitis to produce a coagula or fibrinous expectoration, which accompanies the pneumonic sputa, constituting broncho-pneumonia, or what Rokitansky calls "Kroupöse Pneumonia."

The physical signs of this disease are different in old people. There may be considerable consolidation, while the percussion note is quite clear, owing to previous emphysema peculiar to advanced age. The usual crepitant which characterizes pneumonia gives place to a coarse subcrepitant râle.

The bronchophony of the second stage is squeaky in character, almost like cœgophony. In other cases we find the absence of bronchophony and weakness of respiration almost the only physical signs.

Here we have pneumonia modified by the peculiar conditions of old age—not always easy of detection—and requiring very different management from an attack of the same disease occurring earlier in life. How that condition also modifies the action of remedial agents in this class of cases, the practitioner will earnestly seek to know. The limits of this article will not permit an investigation or discussion of this question.

Neither is it necessary, because the object of this article is simply to note a few of the diseases and conditions peculiar to old age, with a view of stimulating investigation, observation, and experiment in this legitimate field of professional inquiry. What is called "Cachectic Asthma" is peculiar to old age, and it is often associated with a deficient or morbid action of the kidneys. It is thought that this disease seldom occurs before the sixtieth year, and is frequent after the seventieth. The paroxysms of asthma usually come on in the fore part of the night, are very severe for two or three hours, when they terminate with a free expectoration of mucus, which is salt to

the taste and viscid in its nature. This mucus at times has a strong odor of urine. The urine is scanty, of a brown or reddish color, and turbid. It is also acrid, and causes a scalding, burning sensation in the urethra, with a frequent desire to void it. The skin is commonly dry and rough, and there is almost intolerable itching, which, like the asthma, is often intermittent. The retention of urinary constituents in the blood seems to cause these attacks of asthma and the skin symptoms. A more perfect knowledge in this direction may enable the practitioner to cure the prurigo peculiar to old age, which is frequently so persistent and annoying as to defy the skill of the doctors and destroy the comfort of the patient's life.

In this connection it is well to note that as senility advances, in men especially, there are evidences of muscular debility and want of contractility in the bladder. Also symptoms of partial paralysis of that organ frequently.

This relaxation or loss of the power of muscular contraction causes an expansion of the lower fundus of the bladder, which settles downwards, increasing the size of the saccule, or pouch, below the level of its neck.

The urine is not ejected in a full stream, and a part of it is retained in the saccule. It becomes decomposed, and urate of ammonia is formed. The ammoniacal urine irritates the mucous surface, producing a frequent and painful desire to urinate, burning and scalding in the urethra, and other signs of chronic inflammation of the bladder.

If the practitioner is not aware of this anatomical and functional change induced by old age, but seeks to relieve his patient by remedies prescribed in accordance with the symptoms, disappointment will surely follow his efforts, and the patient will soon be discouraged. In such cases relief can best be secured by frequent injections, with a double catheter, of liquids containing medicines which chemically change the ammoniacal urine, and thus destroy its irritating property, while at the same time remedies adapted to the general morbid symptoms under which the patient is suffering are administered internally.

Enlargement of the prostate gland is peculiarly frequent in old age.

Fatty and calcareous degenerations accompany this epoch.

The tissues contain more fatty matter. Local fatty degenerations occur as in the cornea, arteries, etc.

Calcareous degenerations are manifest in the ossification of arteries and cartilages, increase of earthy matter in bones, and deposits of lime salts in various tissues.

Primary membranes become thickened, and there is a gradual increase of pigment, as seen in the lungs, skin, mucous membrane of the stomach, and bowels of old persons.

Cerebral hemorrhages occur more frequently after the age of fifty years, and still more frequently as age increases.

Some old people are subject to a peculiar form of cataract, which is hard, dense, small, and of an amber color, which no treatment seems effectual in curing.

We might continue this notice beyond the appropriate limits for an article for the JOURNAL, but conclude by expressing the hope that homœopathic physicians particularly will seek more practical knowledge in this direction, with a view of increasing our ability to relieve and cure the diseases incident to old age.

**SURGICAL CLINIC OF THE HAHNEMANN
MEDICAL COLLEGE, CHICAGO.*****SERVICE OF PROF. W. DANFORTH.***[Reported by Charles Adams, of Chicago, Student.]***TALIPES EQUINUS.—*Case XIX.***

GENTLEMEN: This boy, eight years old, has been suffering from this deformity for six years past, and can not walk with any comfort.

The old theory was that Talipes Equinus resulted from a spastic contraction of the gastrocnemius and soleus muscles, pulling the foot into this curious position, simulating the horse's hoof, raising the heel and throwing the weight of the body upon the metatarso-phalangeal articulation alone. More recent investigation establishes the fact that paralysis of the tibialis anticus and associate muscles is the primary lesion, and the gradual contraction of the gastrocnemius the secondary or resulting effect. If this is true, section of the tendo Achillis is not necessary to a cure. And so we find that a cure can be accomplished in a great majority of these cases by supplying rubber muscles (so-called) to the anterior of the leg; and by rubbing and shampooing the limb daily, redeveloping the atrophied muscles, so that in process of time (six months or longer) we can restore the member to its natural position, so balancing the muscles as to render the foot as useful as before the deformity.

There are cases, however, where the contraction of the muscles is attended by inflammation of their fasciæ and deposition of lymph, which becomes organized, forming permanent contraction, or *contracture*. This condition can not be broken up by rubber muscles or shampooing, neither time nor friction will overcome it; nothing short of cutting the tendons impli-

* Continued from page 348.

cated; and the question for us to decide to-day is whether this particular case is included in the latter category or not.

If *contracture* is not actually present, we ought not to cut the tendo Achillis, for if we do we entail prolonged debility and deformity upon our patient.

On the contrary, if contracture is actually present, we ought at once to divide the tendon. Moreover, because it is perfectly useless to attempt to overcome the contraction by any other means. How, then, shall we determine the fact? I answer: By anæsthetizing the patient, and then attempting to reduce the deformity. If the contraction yields readily, section is not necessary.

If, however, the contraction can not be overcome, the division or rupture of the tendon is demanded. In this case you see that I can not overcome the deformity by any amount of force. Contracture is actually present, and we must divide the shortened tissues.

This, then, becomes a case of unusual interest to us, as illustrating the whole field of inquiry which the surgeon is required to examine.

The tenotome we use is made like a button-pointed hernia knife, except that the blade is shorter. It is dangerous to attempt this operation with a sharp-pointed instrument. Hold your tenotome flatwise, and while your assistant puts the tendon on the stretch—(divide the skin with the ordinary bistoury)—thrust the tenotome down the tendon half an inch or more, plunge it underneath it and turn the edge upward, pressing the tendon down upon the knife until you feel the resisting tissues yield. Then seize the foot and bring it into its natural position, as you see me do. You see I have to use considerable force to straighten the foot. Now withdraw the knife carefully, place some adhesive plaster immediately over the wound, and bandage the limb so as to secure the foot in a natural position, where it must be kept for three or four days, when gentle motion must be practiced daily to prevent adhesion to the theca.

In two or three weeks the boy can begin to walk with safety.

FRACTURE OF THE LEG.—*Case XX.*

Herman J., thirty years of age, was thrown from his wagon yesterday (April 20th), and sustained a fracture through the middle of the tibia. This man was intoxicated when the accident occurred, and we may expect serious trouble on this account. You may remember that I told you when lecturing on cachexies—rachitic, scrofulous and alcoholic—that the latter was attended with a disposition to sloughy inflammations, and would frequently compromise and defeat the best efforts of the surgeon to heal. This is a point not sufficiently well understood by the profession, and certainly not by the public, who demand a perfect result in these cases, or heavy damages in default. The fact is that a surgeon should not be held responsible for the union of broken bones of drunkards.

It is of the highest importance that we so dress this fracture as not to impede the circulation in the leg. To this end I shall put the limb in this fracture-box, which, by the way, is largely a device of my own—not that I am the first or only surgeon who has put up a broken leg in a fracture-box—but probably the first who has put up a broken leg in just such a box as this. First, then, I am decidedly opposed to placing any roller next the limb, as it is folly to suppose that it will, in any sense, assist in retaining the fragments in position; not only this, but it will, upon the contrary, imprison the limb, which, in turn, will swell and inflame, causing serious disturbance to the general system, impeding the circulation, and possibly resulting in gangrene. Therefore we shall leave the leg unbandaged, resting easily, naturally, upon this splint.

And I desire to call your special attention to its construction, the more so because I believe it is worth its weight in gold to every practitioner who may have occasion to use it. The bed-piece is made of pine board one and a quarter inches thick, twenty-one inches long, and three and three-fourths inches wide; beveled at the knee so as to receive a thigh piece eight inches long, three inches wide at the lower, and four inches at the upper end, one and a half inches thick,

which is screwed on to the bed-piece at an angle of thirty-five degrees. Eleven inches from the knee the bed-piece is scoloped on each side, down to the ankle, where it is left three and three-fourths inches wide to receive the foot-piece. (The bed-piece just above the ankle is only two and a half inches wide.) A slot is cut for the heel, four inches long and one and three-fourths inches wide, leaving enough wood on either side to sustain the foot-piece, which is framed in with a tenon, and is eight inches long, three and three-fourths inches wide, and seven-eighths of an inch thick. It leans out a little, and has narrow slots cut through on either side, through which to pass a bandage to hold the foot securely. The bed-piece is hollowed out to receive the calf of the leg, *but not deeply*, for you must remember that in ten days after your limb is placed upon the splint the calf flattens out to zero, and if a deep excavation is made, the bones will become displaced and deformity result from it; therefore a shallow excavation is the best. A bit of tin, bent into a stirrup, is placed in the slot to rest the heel upon. This arrangement gives you good ventilation, and enables the surgeon to adjust the heel from day to day so as always to prevent sloughing, or soreness about the parts.

This bed-piece is suspended by two cross pieces, seven-eighths inch wide, one-half inch thick, and nine inches long which are screwed on to the bottom of the bed-piece, one crossing five inches from the foot-piece, and the other eighteen inches. Quarter inch holes are bored near the ends of these cross pieces, through which to pass the cords that are to suspend it.

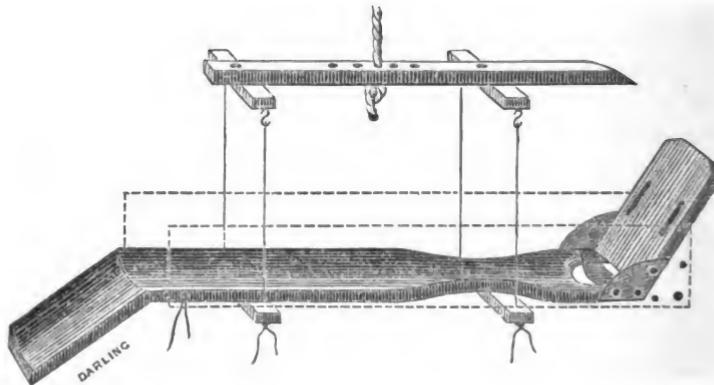
A top rail twenty-two inches long, one and a quarter inches wide, by seven-eighths inch in thickness, is crossed by two pieces which correspond to those on the bed-piece, and receive the cords which suspend the whole splint. This top rail should be placed *a foot above* the bed-piece, and a set of hooks should be provided on one side so that the cords can be unhooked to let the limb out, and in the splint three holes should be made in the top rail, twelve, fourteen and sixteen inches from the foot end, to receive the single cord, which is to suspend the

splint and limb. This cord can be put in either hole, so as to pitch the limb to suit the patient or surgeon.

Two side pieces complete the apparatus. They are two feet long, three inches wide, three-eighths inch thick. Two holes are bored in the lower end of each, and they are tied together outside the foot-piece; and another hole is placed near the lower edge at the bend of the knee, so as to admit of a cord passing from side to side under the bed-piece, to hold the side pieces closely to the leg.

A pulley should be placed in the ceiling over the bed, and a cord dropped from it through the top rail, and the opposite end should be fastened to the head of the bed, so that the patient can raise and lower at will.

The following wood-cut will illustrate this description :



In this case we lay some cotton wadding upon the bed-piece to receive the leg. The fracture is reduced and the limb placed securely on the splint. The three balls of the foot are now brought fairly and naturally against the foot-piece—*i. e.*, the ball of the heel, of the big and of the little toe—when these points touch the foot-piece, without the necessity of twisting the foot, the bones are all in line, and the limb resting so easily and unconstrained, no congestion or spasm affects it. The swelling incident to the fracture subsides in three or four days, and the reparative process goes on without interruption.

The patient can move the limb freely in every direction ; can turn over on his side ; get out upon the night-chair, and perform all the motions essential to his welfare without in the least endangering the limb. Again, there is no constriction upon the limb in this splint ; the blood circulates freely to and from the foot, ensuring speedy repair ; there is no sloughing of the heel here ; the slot and stump provide for its ventilation and support in such a manner as to add largely to the comfort of the patient.

Taken altogether this splint possesses important advantages over any other in use for the treatment of fractures below the knee. It is far superior to the fracture-box and bran poultice in common use ; this latter has no ventilation ; the limb gets hot upon the bran beneath it ; lotions used to cool it run into the bran, causing it to steam and ferment ; ulceration of the heel takes place ; the patient is perplexed with spasms ; œdema of the leg follows ; malnutrition and delayed or non-union of the bones seriously compromise the welfare of the patient. Why it is that the profession have not better apparatus for the treatment of these injuries at this late day, I know not ; but the numerous cripples now walking our streets attest the utter inefficiency of our means in this direction.

I feel that I hazard nothing in saying that the introduction and use of this splint will contribute very much toward a better state of things in this department of surgery, and very materially enlarge our sphere of usefulness.

You ask how long the limb should remain on the splint ? Thirty or forty days will suffice ; by this time the bones are united sufficiently well to enable the patient to move the limb with safety. Of course there are exceptions to this rule, but commonly, if the patient is of good habits and constitution, this time is sufficient.

I have recently treated a comminuted fracture of the leg, involving the ankle, on this splint, with the happiest results.

The man, Rhodes Illingsworth, 45 years of age, fell through the hatchway of a building some 20 feet, suffering a severe comminuted fracture as above stated ; ecchymosis of the whole limb followed ; six fragments of bone could be distinctly felt.

Serious fears of gangrene were entertained; and yet, after his leg was properly put up, and a lotion of Hamamelis applied to it, he experienced no pain at all; and in five weeks' time was able to dispense with the splint altogether and take to his crutches.

It is worthy of remark that he took Aconite for three days, followed by Arsenicum and Symphytum, and I have no doubt that these remedies contributed largely to his rapid recovery; and again, he was of sober and industrious habits, which was very much to his advantage also.

We are now treating all cases of fracture below the knee on this splint, both at the Scammon Hospital and in private practice, and every practitioner ought to have at least one ready for instant use.

INGUINAL HERNIA—OPERATION FOR THE RADICAL CURE. —*Case XXI.*

W. R. C., aged 36, has an inguinal hernia of the left side, of two years' duration. The truss, curative in many cases, fails in this. He is anxious for a radical cure. Various operations have been performed for the relief of this condition with varying success.

I have operated on several cases successfully by the method we propose this morning; and I may say that this is really the simplest and safest operation that I know of. We first return the intestine within the abdomen,—the patient being in a horizontal position,—and then shave the parts; now place the finger on the upper portion of the scrotal integument, and push it up the cord into the inguinal canal until the finger engages in the internal ring, thus completely invaginating the integument, subcutaneous tissue, and dartos. Still holding the parts in this relation, pass this long, curved needle,—securely fixed in this handle,—with an eye near its point,—along up the finger until you feel it at the ring; now push the instrument through the super-imposed tissues, so as to include the external pillar of the ring, now thread the needle with silver wire; then withdraw it into the pouch made by the finger,

and carry it over the finger so as to include the internal pillar of the ring, and push it through the integument again, so that it shall emerge about three-quarters of an inch from the other opening. Now cut the wire, in order that the needle may be withdrawn; then seize both ends of the wire and draw them up tightly, twisting them over a roll of linen, so as to bring the included tissues firmly together.

Now pass this long suture needle, armed with silk, through the integument down to the finger and out on the opposite side. You should take two of these stitches an inch apart, and tie them securely over a linen roll, so as to hug the tissues firmly together, and this finishes the operation. You see that it is simple. There is no cutting, no bleeding,—no danger in its performance (the cord is not included).

The patient is to be confined to the bed for two weeks, Arnica water kept on the parts, and Aconite and Arnica given to prevent fever. Plastic lymph will be thrown out, and the sides of the canal glued completely together, thus effectually preventing a return of the hernia. The sutures should be removed in ten or twelve days.

[*Note.*—W. R. C. recovered from the operation without untoward symptoms, and with every prospect of a radical cure.]

FISTULA IN ANO—OPERATION.—*Case XXII.*

C. J., aged 30, from the interior of our State,—a farmer by profession,—says he first noticed soreness about the parts while riding on a cultivator during the summer of 1870. The seat was of iron, and he was tossed about a good deal. Thinking he had piles, he applied to a country doctor, who gave him Turpentine injections, with the view of burning out the trouble. Pain and swelling followed, resulting in a fistula,—which the doctor has been trying to heal by injections and Green Mountain ointment for the past year. Sick, discouraged, utterly broken down, he comes to this great city to learn his fate.

We shall now treat him just as he should have been treated

twelve months ago, *i. e.*, by laying open the fistula freely, and touching the wound with Persulphate of iron to prevent its uniting by first intention,—allowing it to heal from the bottom,—and he will have no special trouble about the fistula hereafter.

Sometimes these fistulæ open at quite a distance up the bowel, but it is not wise to cut their entire extent. Better do as you see me do here, pass the grooved director up the fistula to a point just within the rectum above the sphincter, and push it through into the bowel, and then pass a hernia knife along it, dividing the sphincter freely.

LARGE LIPOMA OF THE LEG—OPERATION.—*Case XXIII.*

John D., aged 41, a hard-working man of the city, comes in this morning, bringing this immense tumor on his leg, asking us the curious question, “What is it?” He says that it has been growing there for five years past, that some doctors have told him that it was cancer, and that his wife does not want it removed, for she thinks it would be the death of him.

Gentlemen, you see that the tumor occupies the back of his left leg, just above the popliteal space; it is soft and painless; one doctor thinks it is an aneurism; another that it is an encysted tumor;—and it does feel as though it contained fluid.

A grooved exploring needle will help us here; I plunge it into the tumor four inches; no fluid escapes; it does not hurt him;—this settles the question;—it is a lipoma. We cut about its base, reflect the integument, and peel it off easily; there is no hemorrhage of consequence; the skin is united by a few sutures and cloths wet in carbolized oil kept constantly on it, and the patient will soon recover.

This tumor weighs four pounds, and our friend can run the race set before him with much greater comfort without it than with it.

There is no danger attending the removal of these growths.

AMPUTATION OF LEG.—*Case XXIV.*

Major J. C. K., of Boston, Mass., aged 42, sustained a gunshot fracture above the ankle while leading his command in defense of our flag at the storming of Salem Heights, Va., in 1863. He fell into rebel hands as a prisoner, and had his limb amputated by Dr. Greenlee, one of their surgeons, who performed a circular operation through the middle third, unfortunately tying the anterior tibial nerve with the artery, and not providing a sufficient cushion or covering for the end of the bone. No man can tell what he has suffered in consequence of the gross carelessness of the surgeon. Constant pain, with frequent ulceration of the cicatrix followed for *two years*, when the Major had the anterior tibial nerve resected by Drs. Clemens and Baldwin, U. S. General Hospital, Philadelphia. This somewhat relieved the intolerable pain, but the cicatrix continued to ulcerate every time he attempted to wear his artificial limb, and he would have to confine himself to the house for two or three weeks until the fever and inflammation had abated and the parts healed again. He has consulted a great many surgeons about his case, and but one has advised re-amputation. It is very strange that this man, whose general health is so good, should have been maltreated so long by the doctors.

I certainly think that his limb should have been re-amputated nine years ago. When we think of the amount of suffering this man has endured, all on account of gross malpractice, the medical profession does not rise in our esteem.

We propose to remove about four inches of the leg, forming antero-posterior flaps, rounding the end of the tibia, reflecting the periosteum for a covering, closing the arteries by torsion, so as to obviate the suppuration incident to the use of the ligature. We can not attach too much importance to the proposed steps of this operation; because, if we do this well, and the results justify and sustain our theory, then we have substantially mastered the subject of amputations; and you know that an amputation occurring in the practice of a country doctor is

a matter of prime importance, and gives him a good deal of renown if it is well done.

[NOTE.—J. C. K. was etherized, and the operation performed as above indicated. The periosteum was reflected with considerable difficulty, the bones severed, and the ends rounded. The arteries were closed by torsion, no ligature being used; the stump was covered with a fold of surgeon's lint, sustained by two or three turns of a roller, and the limb placed upon a pillow.

The patient reacted well, and took Aconite and Arnica in alternation every two hours. No untoward symptoms followed. A moderate suppuration occurred for a few days, the flaps healing almost by first intention. The intolerable pain disappeared, and the patient looks forward to a life of comfort and usefulness.

Torsion of the arteries in this case seemed to meet the most sanguine expectations; there was no hemorrhage after the vessels were twisted, and the flaps healed unusually rapidly and well.]

CLINICAL RECORD.*

BY J. S. MITCHELL, M.D.,

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Chicago.*

Since Homœopathy developed the fact that remedies have specific action not only upon the various organs but even on the tissues themselves, a knowledge of the exact site of morbid changes becomes of great importance. Our therapeutic system does not seek a divorce from pathology, though some of its adherents would have us so believe. As long as our provings show that remedies produce pathological changes, we must unite pathological knowledge with symptomatology to make a successful affiliation. We can not help regretting

* Read at the Seventeenth Annual Meeting of the Illinois Homœopathic Medical Association.

that the splendid knowledge of pathology possessed by many talented adherents of the old school should furnish so few suggestions of therapeutic value. They are, in many cases, little better than those given by Hippocrates and Celsus. So unsatisfactory is this that some there are among their number who frankly acknowledge their inefficiency in a therapeutic way, and admit that a physician is of little use except to give a prognosis. But to the homœopathic practitioner pathology, viewed as a division of symptomatology, helps to the selection of a remedy that can generally be relied upon to produce a curative action in diseased conditions. The microscopic appearances of tissues acted upon by drugs should be noticed. This is a field not yet entered except to a slight extent, but promises in the future much rich fruit. Our observations will have to be upon the lower animals, but our deductions as in physiology, will be of advantage. I apprehend that in time to come pathology will receive greater attention than it has from homœopathic practitioners, and will become of still more practical value than at present, while much superior to what it is to our old school confreres. It is only within a comparatively recent period that our knowledge of the exact seat of inflammations attacking the large intestine has been made very definite. Even those affecting the rectum have failed to be accurately diagnosed; still more often those attacking the cæcum and colon. We are better able to diagnose them with certainty than we are those attacking the small intestine. Duodenitis is rarely found unaccompanied by gastritis, and inflammations of the ileum and jejunum exist often with colitis. Typhlitis, colitis and proctitis, however, occur as strongly marked diseases. Bæhr says the diagnosis of inflammations attacking the various parts of the bowels is difficult and not of much practical value. The difficulty lies, as we have said, in the case of inflammations attacking the small intestine, and does not hold when we consider those of the larger bowel. I think we ought to dissent from his last proposition that, in either case, a diagnosis is not of practical value. In most inflammations of the intestines it is found that the mucous coat is not the only one involved, the muscu-

lar and peritoneal are also affected. But we can keep track of the degree in which they severally suffer. Inflammation involving the peritoneum causes great tenderness on pressure; that involving the muscles causes paralysis, as shown by interruption of peristaltic action, or constipation; while that involving the mucous membrane causes at first suppressed secretion, and afterwards increased and altered secretion, mucus, and may be effusion of blood. A careful attention to *materia medica* proves, according to Bæhr's own statements, that remedies are applicable, whether the inflammation attack principally either coat. It is, moreover, very satisfactory to watch the progress of a case treated by the administration of remedies directly indicated by the tissue involved. Now we know that the minute anatomy of the bowel is different for different situations, and it is probable that remedies are known which will exert a curative action on the intestinal tubules, while they will not affect the agminated glands. It seems to me we shall be repaid by a careful attention to the exact part affected.

I present a brief record of a few cases treated, involving the large intestine:

CASE I.—On January 27, 1871, was called to see Mrs. W., a young married lady, aged about twenty-five. On examination, found great abdominal tenderness, with tympanitis. About the region of the sigmoid flexure of the colon the parts were so sensitive that the slightest touch caused pain. Evacuations occurred about seven times daily, and consisted mainly of blood, mucus and pus. At times there would be a quantity of faecal matter mingled with the blood and mucus. Appetite poor. Pulse about 96, weak and wiry. Sleep was disturbed by nervous starting. The evacuations were attended by severe pain, and followed by extreme nervous prostration. At times, between the evacuations, the pain would be intense. On getting the history of the cause, I learned that she had been thus afflicted for a period of about three years, during which time several abscesses had formed, I should judge in the upper third of the rectum and lower part of colon, and discharged pus freely per rectum. Until I took charge of the

case she had been under old school treatment. During a considerable portion of this time (three years) she had been unable to leave her bed—a walk of a few steps occasioning such a degree of pain and exhaustion as to make a second attempt a thing to be thought of only in the uncertain future. Treatment received before I saw her had consisted in cauterization of canal as far as it could be reached, administration of iron, bismuth, carbolic acid, etc., etc., *secundum artem*.

My first prescription was Ars.^o, a powder every two hours.

Within two days the evacuations were free from blood, and occurred only two or three times daily. Pulse acquired more strength, and grew less wiry.

I now ordered injections of Hamamelis daily, and continued Ars^o.

In about a week there was only one evacuation daily, though it still consisted mainly of mucus and pus. Patient was now able to get up and go down stairs to meals.

After a couple of weeks, finding no further benefit from Ars., I gave it in the 3rd dec., with no effect.

I then ordered Hydrastis Can.^o, a powder every three hours, and injections of the weak solution of the fluid extract. This was followed by marked improvement. The pain following defecation did not last as long, and the prostration was not as severe. The general health rapidly improved. Patient could walk further than for three years. The character of the discharges remained the same. There is now a steady improvement observable from week to week. I have not yet been able to procure a healthy evacuation. Once only since I began treatment has an abscess formed and discharged. I do not see the patient often, and between my visits this occurred. I am confident that the disease can ultimately be entirely cured. It is probable that some time during her long period of illness, the inflammation attacked the colon and even the small intestines, but since I have treated her I am satisfied that it does not extend with any acuteness beyond the sigmoid flexure of the colon. It is, therefore, in a position where it can be reached locally as well as by internal remedies. The Hydrastis certainly seemed to act very favorably; the

patient stated that it seemed to her to do more good than anything she had ever taken.

CASE II.—Mr. W., a gentleman of about forty, dark complexion, bilious temperament, and exhibiting slightly the marks of a scrofulous diathesis, applied to me rather more than a year ago for treatment for what he supposed to be piles. He stated that he had suffered for seven years with pain in the region of the rectum, sometimes dull, sometimes burning, aggravated intensely by defecation and after eating any irritating food, particularly spiced and acrid substances. Discharges were accompanied often with blood and mucus, and attended with tenesmus. There was some irritability of the bladder at times, and slight gastric disturbance. Examination per speculum showed mucous surface of rectum highly congested and swollen, and parallel with length of canal several deep lines of ulceration extended. They looked as if some one had taken a knife and scored three or four lines from a point just within the internal sphincter two or three inches upward. Had consulted several physicians, and obtained only temporary relief. I made several applications of Carbolic Acid to the ulcerated surfaces, which sometimes would bleed freely on introducing the speculum; also directed the patient to use an injection of dilute Hamamalis every morning before stool. Gave at different times Ars., Merc. jod., Silicea, and Hydrastis Canadensis. The latter remedy seemed to have a more favorable effect than anything internally administered. The process of cure was slow but steady under its use. All discharges of foreign matter ceased, the pain was relieved, the patient could eat almost anything. The ulceration gradually healed. At first the new tissue bled freely on the introduction of the speculum, or even on the application of a camel's hair brush, but this soon ceased.

Experience with these two cases shows that Hydrastis is useful, not only when there is catarrhal flux of the intestines, but also when there is actual ulceration.

CASE III.—Mr. K., a retired merchant, came to me a few months ago, complaining of pain in the rectum, with pressure and evacuations of blood and mucus. Mucus would run from

him constantly, so that it was necessary to wear a napkin. Directed Nitric Acid " and injections of Hamamelis, and in a few days the evacuation became normal.

This was a recent case, and the cure was rapid and complete. When the hemorrhage is pretty copious, and we have pressure in the rectum, Nitric Acid will generally relieve. It will be found useful both in acute and chronic proctitis.

CASE IV.—Mr. A., engaged in business at the Union stock yards, consulted me for chronic diarrhoea which had been troubling him for four years. Evacuations occurred about seven times daily. Those early in the day consisted principally of faecal matter, but those occurring later were of mucus and froth. There was not much pain, no abdominal tenderness—very rarely any blood. Patient had had several attacks of peri-proctitis. Examination per rectum showed mucous surface swollen and congested throughout its whole extent; no ulceration, though at several points the tissue looked as though it would ulcerate with very little coaxing. Attack was undoubtedly brought on by exposure to damp and cold, and I gave Dulc.²⁰⁰. It afforded relief. The number of evacuations steadily diminished; first to five daily, then to four, then to two. Only once did peri-proctitis set in, and then it did not go on to suppuration. Patient has since taken a number of remedies (as the evacuations are still partly mucus and froth)—Merc. iod., Hydrastis, Borax, Phos.; but still there is a little subacute inflammation. One of the two evacuations occurring daily still contains more or less mucus, but no blood. Patient has great objections to local application. The case is just in that condition when Bæhr recommends Borax internally and externally, and I have now directed its use. There is, however, no pain, no neighboring irritation, and the disease that remains seems entirely confined to the lower portion of the rectum.

In a subsequent paper I shall refer to the record of several cases of inflammations attacking the small intestine, and endeavor to give some indications for selection of remedies according to the situation involved.

A CASE OF INFLAMMATION OF THE RIBS, ABSCESS, PYÆMIA AND DEATH.

BY E. A. BALLARD, M.D.,

Demonstrator of Anatomy in the Hahnemann Medical College, Chicago.

July 1st, 1870.—Mr. B., æt. 27, small of stature, blue eyes, fair hair and complexion, gives the following history of his case. Last fall he noticed a fluttering and sense of weakness in the epigastric region, with vertigo, which was especially troublesome on rising from a stooping position. He felt weary and languid, with no disposition to do anything. This condition lasted until January 7th, when soon after reaching his office he felt a chilliness, accompanied with nausea and painful increase of the fluttering in the epigastric region. He returned to his home about noon, and was soon after seized with a severe chill. On the way to his home he was not wholly conscious, but seemed to be in a dream. Accepting the diagnosis of his physician, a regular, pneumonia at once set in and continued nearly six weeks. While convalescent he was attacked with a cutting pain in the lower part of the left lung, accompanied with a chill, ushering in a severe pleuritis. A few days after general anasarca set in; worse about the face, abdomen, feet and legs, upper part of body not much swollen. This condition had lasted about two months when he noticed a swelling in the left side over the lower ribs, to which he called the attention of his physician. He pronounced it to be an abscess and lanced it, giving the patient the comforting assurance that it would be the means of saving his life. It discharged very freely, and has continued doing so ever since. The symptoms at present are: Diarrhoea, worse in the morning. Has from four to six stools every twenty-four hours. They are copious, and are preceded by a dull pain in the lower part of the abdomen, borborygmus and discharge of flatus, which also, at times, follows the stool. Faintness and great prostration after stool. No tenesmus, but a disposition to linger as if he

had not finished. At times he passes nothing but flatus. Stools smell like spoiled cabbage or sourkraut. Has been troubled some with piles; then the stools were followed by extreme prostration, pains about the anus, and in the lower part of the rectum, shooting upwards. Appetite is good, but food bloats him and produces sleepiness. A very little produces a sense of repletion, compelling him to leave the table hungry. A great deal of belching, tasting of ingestas. There is an almost constant sense of fermentation in the bowels, which is especially troublesome. Urine dark, with a strong odor; inability to retain it. Feels as if a large quantity is to pass, and is obliged to hurry to prevent soiling himself, when only a small quantity is voided; occasionally, however, the reverse is true. The tongue is tremulous, is protruded with apparent effort, and is covered with a dirty white coating. Sleeps well usually. Has night sweats; sweats more on the side on which he lies. Paroxysms of coughing at night, with nausea and vomiting of mucus, with great straining. Wakes in the morning with bad-tasting mouth. Tongue dry, but no thirst. Is very much emaciated. Pulse 108, hard and wiry.

Examination of the lungs revealed a marked dullness over the middle and lower thirds of the left one, and an entire absence of all sounds. The right lung appeared to be in a healthy condition. The opening of the abscess was over the eighth rib, on a line with the anterior superior spinous process.

Prof. Danforth, at my request, visited the case with me. He introduced a probe, passing it upward and backward to its full length without meeting with an obstacle. He at once pronounced the case to have originally been one of inflammation of one or more ribs, which, through ignorance, had resulted in an abscess, which was destroying the lung. Subsequent to this we learned that the patient, while attempting to get upon a moving car, fell, striking on his left side. He did not think that he had injured himself, and has been at a loss to account for a pain and sense of weakness in that region, especially noticeable if he stood or sat long at a desk, as his business compelled him to do.

It is not my purpose to enter into a detailed statement of

the treatment of this case. *Lycopodium*²⁰⁰ greatly relieved my patient by overcoming the symptoms so characteristic of this remedy. *Pulsatilla*²⁰⁰ followed well, affording additional relief, leaving his nights comparatively free from suffering. Dilute Carbolic Acid and *Hydrastis* were in turn injected into the abscess, with the hope of, at least, sweetening the odor of the discharge; but they did little good.

On the 23d I left my patient on *Silicea*, and called on the 25th to find symptoms strongly suggestive of pyæmia, for which *Arsenicum*²⁰⁰ was given. The next day I found my patient had passed a painful and restless night. Constantly recurring chilliness, anxious and hurried respiration, shooting pains in the thorax on inspiration, glassy, sunken eyes, weak, rapid pulse, painful swelling and extreme tenderness of right foot and leg, and especially along the course of the large veins. Purple spots in the leg, resembling purpura hemorrhagica, sensitive and tympanitic abdomen, dryness of tongue without thirst, restlessness, wandering of the mind, hippocratic face, presented a picture not at all pleasing to the eye. *Carbo veg.* (not having higher than I knew was reliable), ten drops in half a glass of water, was given in teaspoonful doses every two hours for several days. Improvement soon began and continued till we thought there might be hopes for ultimate recovery. On the 13th of August similar symptoms began to show themselves, the left leg being the one most affected. *Carbo veg.* was given as before, but with no such gratifying effect. A careful study of the symptoms showed that *Lachesis* was called for. A few pellets of the 30th were put in half a glass of water, and given in teaspoonful doses every two hours. Again I had the satisfaction of seeing these dangerous symptoms disappear. He continued to sink, and died in the full possession of his faculties on the morning of September 5th.

Autopsy showed that the left lung was almost entirely destroyed, there being nothing but pus in the cavity, excepting a small portion of the upper lobe, which was little better. The diaphragm was intact, except that at a point a little posterior to the nipple, there was an opening leading into the original abscess. The rib at this point was denuded of its

periosteum, the opening seemed to have been formed by detachment of the diaphragm. At the external opening the ribs were so much decayed that they could be crushed between the thumb and finger. Here, evidently, was the starting point of the whole disease, which might, perhaps, have been arrested by a timely dose of Arnica.

Questions of vital importance confront us in connection with this case. Did the patient have pneumonia or pleuritis at all? His physician so informed him and his friends. Looking into the matter I learned that when he was supposed to have had pneumonia, there was not the hurried, panting respiration, the dyspnoea, the cough, the rusty sputa, so characteristic of this disease. And as to the existence of pleuritis, it is extremely doubtful, since the symptoms which went to make the so-called pleuritis could all have been produced by the osteitis and periostitis that must have been present at the time.

But the main point of interest in the treatment of this case is the proof of the power of homœopathic remedies to arrest that dangerous and usually-considered incurable condition known as pyæmia. Some may say that owing to the absence of the numerous abscesses which generally attend this disease, there is no proof of the existence of pyæmia in this case. That this proof would not have been wanting had not the trouble been promptly arrested, there is no doubt in my mind. Prof. Danforth saw the patient at the time, and agreed with me in the diagnosis. If, with our potent and powerful agents, we can put to flight such dangerous diseases as hydrophobia, those produced by the poison of the dissecting-room, and by the bites of poisonous reptiles, which it is known we can sometimes do, why should we consign to the grave one who may be suffering from a mingling of pus with his blood, which is, after all, but another species of animal poisoning?

CHOLERA INFANTUM.*

BY R. NORMAN FOSTER, A.M., M.D.,

Lecturer on the Diseases of Children, in Hahnemann Medical College, Chicago.

MR. PRESIDENT, AND GENTLEMEN OF THE ACADEMY:

A more opportune moment than the present could hardly have offered for the consideration and reconsideration of the subject appointed for the meeting of this evening. There is hardly a physician present who has not during the past ten days been repeatedly advised, by experience, that infantile diseases are temporarily on the increase; that among these, diseases of the digestive tract are unusually and chiefly active. It is, furthermore, of easy discernment that the extremely fatal affection known as cholera infantum is daily becoming more frequent, while the other forms of gastro-enteric disorder have a strong tendency to assume some of the characteristics of this special form. In other words, cholera infantum, and gastro-enteric ailments bearing some striking resemblance thereto, are the prevailing diseases among children. It is also worthy of note that among adults cholera morbus is of frequent occurrence. Dysentery also puts in an occasional appearance; and one old physician of large experience assured me only two days ago that he had just been called to attend a case that seemed fully entitled to rank as one of genuine cholera Asiatica.

Children who are constitutionally irritable at all times, are now ten times more irritable. Quiet, somewhat feeble, infants are quieter and feebler, and withal exceedingly peevish. The ordeal of dentition has increased its severity. Patient but worn-out mothers are numerous, for the infant world at large is wakeful in the extreme. The inevitable little boy with "worms," or whose relatives feel sure that he has worms, is a frequent caller at the doctor's office. In short, it is hardly too

* Read before the Chicago Academy of Medicine, July 10, 1871.

much to say, that we already see the commencement of what occurs during every summer marked by intense heat with great and sudden alternations of temperature, namely, a derangement not merely of individual stomachs and bowels, but of those of the entire nation. The intestines of the American people are at this moment profoundly moved, so to speak, *en masse*, or at least their endurance is tested severely, and the individual differences that are displayed are mainly questions of relative strength, age, constitution, etc. Last evening my next-door neighbor had a violent attack of vomiting and purging, with frequent paroxysms of abdominal pains of a severe character, cutting, agonizing, lasting two or three minutes, and then abating, to be renewed in five or ten minutes more. The general depression was profound, and very alarming to the patient. The body was alternately flushed with heat, and bathed with cold, clammy perspiration, which stood in drops upon the forehead. At times the patient was delirious. She was about 30 years of age, and this was an attack of cholera morbus. Had she been twenty-nine years younger, we should have called it cholera infantum. No differences can be detected between these two forms of so-called cholera, except such as are due to the different periods of life at which they occur. Cholera morbus rarely proves fatal. When it is fatal, it destroys the life of the patient with great rapidity, generally within from twelve to twenty-four hours. In such cases severe cramps of the extremities are added to the symptoms of the case just related. And the close relationship of the disease to cholera infantum is clearly evidenced by the results of post-mortem. When a patient dies of cholera infantum within a few hours after the onset of the disease, the post-mortem discovers no intestinal lesion whatsoever, in fact none of any kind. So it is in fatal cases of cholera morbus. The destroyer kills and leaves no sign. In these cases pathological anatomy has not a word of instruction to offer, except negatively. There has been no hyperæmia, no inflammation, consequently no ulceration, no enlargement of glands or follicles, no purulent or other abnormal products. The vital forces have simply exhausted themselves in a rapid series of convul-

sive activity. The peristaltic energy, for example, expended, wasted, within twelve hours or less, is equal in amount to that which is normally exerted in as many days. To this add the superfluous labor performed by the perspiratory and respiratory systems, by the circulatory system also, by the brain, which is intensely excited, and lastly by the stomach, which acts convulsively and in an inverted manner. Add to these, the fact that no nourishment can be retained, that would otherwise sustain the body, and repair its waste. Now, it has always seemed to me, whether correctly or not, *that this prodigal waste of power*, a thing which can be measured with some approach to accuracy, accounts for the rapid prostration and exhaustion accompanying cholera infantum and cholera morbus, for the great weakness or lack of power that remains after the abnormal action has ceased, and for the speedy collapse and death in fatal cases, where not a single structural lesion is left behind. I say, that this marvelous and prodigal expenditure of vital force, or nervous energy, or whatever you please to call it, *this simple but enormous excess of action* (if we must use none but the plainest terms), explains as much of the nature and seat of the disturbance as a few arborescent streaks of red, or a few muciparous follicles slightly enlarged, or a shallow and scarcely visible ulcer, found after death in some part of the stomach or intestines.

I do not mean in any small way to ignore the value of pathological anatomy. Pathological lesions are one important class of symptoms. Vomiting is a symptom discoverable by the eye before death. The inflamed spots on the mucous membrane of the stomach is a symptom discoverable by the eye after death. They are alike significant. But in the forms of this disease just spoken of, the post-mortem appearances have no value whatever. And this much must be said, therefore, for the external symptoms of the disease under consideration, that they are by far the most important and intelligible in all cases, and in the most fatal, that is, the most rapid forms of the disease, they are the only symptoms furnished us. And when we consider how marked and violent these symptoms are, the incessant vomiting, provoked and renewed by every-

thing taken into the stomach, no matter in how small a quantity, the terrible thirst, the agonizing abdominal cramps and pains, under which I have heard strong men shriek and wail like children, the alarming prostration, which will render the same men unable to lift a limb in the short space of an hour or even less, the violent purging, first of the natural faeces, and then of watery mucus, the cramps of the extremities, the cold perspiration standing in beads all over the sufferer, or saturating his linen in a few minutes, the pale, cold, collapsed countenance, and the mental distress; when we witness all this utter riot and loss of the physical energies, going on plainly before our eyes, we can not think very highly of the logic of that pathologist who searches the cadaver through and through, and when he discovers a patch of little pimples in some of its cavities, or a few dots of reddened skin, tells us placidly that *that* is the disease and the organic starting-point of so great disturbance.

Much more reasonable does it seem to us to suppose that this furious convulsion of the bodily functions is primarily and always nervous, that is, in so far as it may be called a truly physical disturbance; and that it sometimes proves fatal before the usual effects, inflammation, ulceration, etc., etc., have had time to develop.

In protracted cases these inflammations *always* appear, in rapidly fatal cases, *never*. And in all cases the primary symptoms are the same, differing only in the degree of violence displayed. That is to say, the disease is essentially a nervous disorder. If very violent, if it destroys life quickly, it does so by a rapid exhaustion of the nervous energies; if it is less violent, it develops inflammations in the parts most affected, and destroys life by the inflammatory process—it may be by inflammation in the coverings of the brain, it may be by inflammation, and ulceration, and perforation even of the intestines. This inflammation again is the result of the nervous exhaustion, and like inflammation everywhere is an evidence not of strength but of weakness.

The symptoms of cholera infantum are easily stated, *i. e.* to say, those which characterize the disease and differentiate

it from kindred affections. A diarrhoea, that has already lasted from twelve hours to as many weeks or longer, may precede the disease, but this does not differ from the same diarrhoea not so followed; it is not a part of the cholera infantum. It may be that no such diarrhoea precedes. The attack is usually sudden. A close observer will not fail to discover that some degree of irritability or restless nervousness has been manifested by the child for some hours or days previously. But this is not essential. The child may even have vomited frequently for several days before the attack. But neither is this what we mean by an attack of cholera infantum. Two things are necessary to determine that we have this disease on hand: First, a *violent* attack either of vomiting or of purging; secondly, that they shall become *simultaneous*. Given, therefore, a child during the period of the first dentition (at which period only can the disease be called cholera *infantum*, simply because the patients afterwards cease to be infants, and are then subject to the same disease under the name of cholera *morbus*), a child, suddenly attacked by both purging and vomiting of a violent and incessant character, is a case of cholera *infantum*, unless the disturbance has been caused by bodily injury or by poison.

It is the violence and the suddenness of the attack that distinguishes lingering cases of this disease from gastro-enteritis proper. By the same signs also it is distinguished from hydrocephalus, when it assumes this latter character, as it generally does in cases that are protracted beyond six days, and in some much earlier. Yet even these distinctions are not so important as might appear at first sight. In certain cases cholera *infantum* progresses more mildly toward the inflammatory form; it may then lose its original character, and become a case of simple gastro-enteritis; by the extension of this same inflammatory process along contiguous structures, it may become a peritonitis; and in like manner, by other transfers, explicable on similar principles, the case may become one of arachnitis with effusion and all the characteristic signs of that disease. For during infancy the brain is largely developed compared with the rest of the body, and the supply of

blood required for its support is proportionately great; and during the special period in question, this supply is still further increased, owing to the process of dentition; this latter process is often accompanied by local inflammation, and nearly as often by cerebral hyperæmia and irritability, and the step to active inflammation of the cerebral meninges is, therefore, not a long one. But what I would especially observe here is this, that when the disease changes character in the manner alluded to, it ceases to be cholera infantum, and becomes what it seems to be, another form of disease, it may be, and generally is, a kindred form. In such cases, we *have had* cholera infantum; we now *have* gastro-enteritis, peritonitis, arachnitis, or what not, just as much as if these had been primary and idiopathic. All that we can say is, that they were indeed preceded by cholera infantum.

It is worthy of note that pathological anatomy has discovered one important difference between this disease as it occurs during the dentition period, and the same affection occurring later in life; that difference is an inflammation, enlargement, and ulceration of the muciparous follicles of the stomach and intestines. Therefore the disease has been called "follicular gastro-enteritis." But we have certainly seen as well-defined cases of this disease occurring previous to the commencement of the first dentition as during that period. Indeed we have at this moment two cases under treatment, one a child of two months, and the other of five months, in neither of which are the symptoms distinguishable in any respect from those met with in the undisputed cholera infantum of the dentition period.

And we deem the fact that the muciparous follicles in question are developed synchronously with the "milk-teeth" a sufficient explanation of the pathological lesion to which we have just referred. The gums and other parts of the mouth are not so liable to inflammation in children previous to the commencement of teething, because there is not in them the same intense physiological activity of the parts, or the same tendency to hyperæmia. In like manner the abnormal enlargement and other changes of the gastro-enteric follicles are incidental to the age of the child, and to the then active

development of these parts; for it is known that liability to disease is in proportion to activity of change in structure, growth, or function. Nevertheless, the fact that the period of dentition is one marked by very great changes in the infantile organism, and especially of the parts concerned in digestion, may be accepted as the explanation of the more frequent occurrence of cholera infantum during the dentition period.

All the minor symptoms of cholera infantum follow these primary and essential elements (sudden, violent, and simultaneous vomiting and purging) in natural order; the cold skin, the sunken, glassy eyes, the agonized and pinched features, the clammy perspiration, the restless tossing and wailing, the extreme thirst, and the steady sinking of all the bodily powers,—all these are more marked in cholera infantum than in any other disease except cholera Asiatica, and the prostration is also more rapid in this than in any other disease except cholera Asiatica. Nor is it far behind its greater namesake and prototype in mortality. From 1835 to 1845, in Philadelphia, the number of deaths among children under 15 years of age was over 25,000; and of these more than 2,500, or one-tenth, died from cholera infantum alone.

It is generally believed that this disease occurs only in the large cities, and that it is due almost exclusively to the intense and continuous heat of summer. But in fact the disease is by no means infrequent in the smallest country towns of New England and the West, as we know from observation and from good authority; while its elder brother, cholera morbus, is quite as frequent in the country as in cities. Nor can it be true that the chief inciting cause of the disease is heat, combined with the impure air of cities. For if this were so, the disease would be more prevalent in the warmer climates, for example, in the more Southern cities of our own country, or in those of Southern Europe. But in reality the disease is not nearly so prevalent in Memphis or New Orleans as in Philadelphia, while in Europe it is wholly unknown. An affection commonly known as "weaning brash" is the only disease known in Europe that at all resembles "our own" cholera infantum, and the name of that disease, indicating the

period at which it occurs, is sufficient of itself to establish its different character. From which we might infer that it is not so much the great heat of summer that excites this disease, as *the great and rapid changes of temperature to which our climate is subject*. This I think is a point worthy of consideration, inasmuch as it affords us a practical hygienic hint. It explains also why the disease is indigenous to America. May this not be because America, and especially the northern section thereof, is subject to greater vicissitudes of climate than any other civilized country? Witness the great and sudden change of yesterday, from a temperature of nearly 100° in the shade to one of uncomfortable coolness within the brief space of a few hours! Not even the American nervous system can keep pace with such revolutions, and they are often repeated. They come like shocks to the whole nervous system, and render it unstable, incapable of self-control and of harmonious action, as all shocks do. But why is the disease more marked in the great cities? Partly because of miasmata there engendered, it may be; but I really question whether half the inhabitants of the country live in as pure air, and amid as cleanly surroundings, as those of our large cities. In fact the inhabitants of cities are generally much more cleanly than those of the country. I think that the miasma theory, like that of disease-producing spores, has done duty long enough. It is a "good enough Morgan," perhaps, for the time being, but will probably one day suffer ignominious extinction. Besides, we again ask the question, if the miasmata of the cities have something to do with the production of cholera infantum, why does the disease not appear in foreign cities, that are larger, and hotter, and dirtier than our own? But why does it appear most and most fatally among the poor and in crowded districts? Because the inhabitants of these regions are so poorly cared for in all respects as to be an easy prey to any form of disease that may appear. Because, their constitutions are vitiated by their habits and surroundings. And because, and this "because" is the chief one of the three, because the poor do not protect themselves by changes of clothing against the vicissitudes of climate before mentioned. This is the hygienic

hint afforded by our theory. If we would guard children against this scourge in the most effectual of all easy methods, we must be able to change their clothing as rapidly as the climate can change its temperature. This we can always do. Of all the infants in Chicago, how many were stripped of their light linen and cotton dresses, yesterday noon, and clothed in suitable flannels? Probably not one-third. The remaining two-thirds are candidates for cholera infantum, or some other intestinal disturbance, before they have passed through many more such changes. This view of the primary exciting cause of cholera infantum finds confirmation in the well-known fact that the disease is very frequently developed, as are other forms also of enteric disorder, by a sudden chill, or by a wetting, which suddenly checks the perspiration on the surface, and throws the burden of elimination upon the inner skin or mucous membrane.

And furthermore, the reason why the inhabitants of large cities are most readily affected by the scourge, is that the nervous activity of such cities is most intense, and the nervous development and susceptibility of even the children consequently much greater than in the country or in small country towns. The part that heat alone plays in all this mischief is secondary merely; it opens and relaxes the whole system, and thereby diminishes its powers of resistance to the inevitable and trying changes aforesaid.

This then is what we have to say of the nature and causes of cholera infantum :

1. It is primarily a nervous, and only secondarily an inflammatory disease.
2. Prolonged heat prepares the system for its invasion, *and frequent, rapid changes of temperature are its chief exciting cause.* Heat alone would not produce it. Changes of temperature alone would not produce it; but they will produce equally fatal disease, such as the respiratory diseases of the colder season.
3. Inhabitants of cities are more readily attacked by this disease, because of the preponderance of nervous activity and wear in the cities. Nevertheless, the disease is by no means confined to the cities.

4. It is indigenous to America, because the changes of temperature that produce it are peculiar to America.

5. One of the best prophylactic measures is to preserve the body at as equable a temperature as possible, or to counteract the changes of temperature by suitable clothing.

Notwithstanding the great mortality arising from cholera infantum, as exhibited by the statistics of Philadelphia forty years ago, when the treatment was almost exclusively allopathic, and consisted chiefly in the use of Calomel, Opium, Hyoscyamus, Rhubarb, Castor oil, Chalk, all in excessive doses; also of Acetate of lead, Kino, and other astringents; together with leeches and sinapisms; we say, notwithstanding this record, it is in accordance with our own experience, and with our observation of the homœopathic treatment of the disease by other physicians, that death is the exception, and recovery the rule. Sometimes recovery is as prompt and unheralded as the attack, even where no treatment is employed. Again, the disease seems very frequently aborted, as it were, by the judicious use of remedies at the very onset. Aconite alone will accomplish this in the great majority of cases; but then it must be given low, in the first or second decimal dilution, a drop at a dose, *repeated after every vomiting*. Usually, after the second or third dose, the infant will show signs of relief. It will begin to assume the expression and the attitude of repose, will in a few minutes cease to vomit or purge, and sink into a quiet slumber, at the same time breaking out into a copious, warm perspiration. It will sleep from three to six hours, and then awaken hungry, pale, and weak, but well. We have never failed to obtain this result when called during the very first onset of cholera infantum, and we have therefore stated the treatment somewhat minutely.

If the physician is not summoned until the violence of the first attack is abated, this treatment will not always prove effective. In such cases my own rule is to give the Aconite once an hour, alternately with Bryonia 3d, and if no well-marked improvement results within six hours, to search carefully for the symptoms that indicate other remedies.

In these latter cases, the vomiting and purging become less

violent and less frequent, but still persist, and the former seems to be provoked anew by every attempt to swallow drinks. Small pieces of ice may then be given to older children with relief and benefit, while for the younger ones, to whom this would be obviously unsafe, small pieces of ice may be enclosed in a piece of cotton cloth and given them to suck. The old method of denying children any drink whatsoever under such circumstances is both unscientific and cruel; for the ice-water is taken so slowly as not to provoke emesis, while it allays the terrible thirst of the little sufferers, and at the same time helps to allay the now incipient inflammation of the stomach.

This second stage of the disease may last from three to six days, or much longer, without any very marked change in character. During that time it may slowly progress toward recovery, but very much depends upon the judicious application of remedies, *and careful nursing*. Nothing whatever should be neglected that will add to the comfort of the patient. A child sick in this manner is sometimes allowed to toss and moan and swelter in a clammy cradle, when the arms and natural caresses of the mother would be sufficient to soothe it to that state of quiet so necessary to recovery. Mere attention to remedies is by no means the only duty of the physician in these cases. Diet, air, cleanliness, comfort, and the unwearied attention of nurses, are equally essential, and it will often happen that the physician alone understands these things, and must instruct even well-meaning but inexperienced mothers therein. Recovery in this form of the disease takes place by a gradual subsidence of all the symptoms, and a return to normal conditions. The remedies with which I am most familiar in such cases, and of which I can speak with most confidence therefore, are *Arsenicum*, *Bryonia*, *Calcarea c.*, *Carbo veg.*, *Cinchona*, *Croton tig.*, *Ipecac*, *Merc. v.*, *Nux v.*, *Opium*, *Phosphori acidum*, *Rhus tox.*, *Sulphur*, and *Veratrum album*.

But if cholera infantum lasts for a longer period than six days without recovery, a very decided change of character is apt to manifest itself. Symptoms of developing brain disorder, that is to say, of cerebral irritation in the first place, of inflammation in the second, and of effusion in the third, begin

to appear. This stage also is of indefinite duration, lasting from three to fourteen days, according to the violence of the affection and the strength of the patient. The prognosis is now doubtful. If the symptoms of cerebral disturbance are not speedily subdued, the case will issue fatally. This condition has been defined as hydrocephaloid, rather than hydrocephalic, because it arises from cerebral anaemia, not from hyperæmia. The distinction is important as marking the mode in which the disturbance originates, and as suggesting a peculiar line of treatment, but is not valid as regards the subsequent progress of the lesion, which in both cases is nearly identical. In a paper published some time ago in the third volume of "The Investigator," Prof. R. Ludlam has called special attention to this phase of cholera infantum. Noting that the earliest sign of the approach of this condition is suppression of urine, he proceeds to show that it is really a condition of uræmia. The article is well worth perusal, not only because of the minute accuracy with which the symptoms of uræmia and those of this third stage of cholera infantum are collated, but also for the "therapeutic hints" based thereupon. He suggests the use of *Apis*, *Cantharis*, and kindred remedies, at the very outset of these symptoms. We have had occasion to verify the value of this suggestion.

Other important remedies in this stage are *Bryonia* (this only in the earliest manifestation of cerebral disturbance, or rather before such manifestation, as an "anticipative remedy;" for we may always suspect the approach of this complication in protracted cases), *Helleborus niger*, *Hyoscyamus*, and *Zincum*. The patient, if the symptoms of brain disturbance should be averted or quickly relieved by the use of these remedies, still needs the tenderest possible care for several days, as the brain will retain its irritability for some time. Strong light, loud noises, all noises, should be strictly excluded from the sick room. When the patient is moved, it should be in the gentlest manner, as rude motion will be found to be exquisitely painful. Warm baths, repeated every six hours, will often insure quiet sleep when all other means fail. When there is strong opisthotonus, with great heat of the occiput

and spine, a pillow made of a sheet with pounded ice folded in the center of it will be of great service. The feather pillow which is assiduously provided for such sufferers is an additional torture as well as a positive injury, and should be by all means discarded. Even when the brain has been thoroughly relieved, ultimate recovery will be slow. Or the patient may yet perish of the second form before described; for the symptoms of this form will sometimes return with full force, when those of the brain have subsided.

It is important to recognize well these three distinct phases of cholera infantum, for the treatment is quite different for each phase.

In the first, death takes place from a rapid exhaustion and prostration of the nervous system. Extreme violence and rapidity of action characterize the disease in this stage, and indicate the remedies to be studied in connection therewith, viz.: such as are rapid and decided in their action, but transitory in their effects — for example, Aconite.

In the second stage, death takes place from the gradual development and extension of gastro-enteric inflammation,—an inflammation that is deep-seated, obstinate, and tending to extreme disorganization. This suggests a list of remedies that do not act so rapidly as Aconite, but the effects of which are more lasting —for example, the various forms of Mercurius, and Calcarea.

In the third stage, death is the result of cerebral effusion and compression,—convulsions; which again suggests such remedies as have a decided affinity for the brain and its membranes; for example, Belladonna and Hyoscyamus in the stage of irritation, Apis and Helleborus in that of incipient effusion, and Zincum where the marked symptom is cerebral exhaustion.

Your time would not permit me to enter into any account of what I have learned to regard as the specific indications for the use of the remedies mentioned. I may refer to them on a future occasion.

SYMPATHETIC OPHTHALMIA—ITS OPERATIVE TREATMENT.

BY W. H. WOODYATT, M.D.,

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A sympathetic inflammation of the eye is one which, exhibiting itself in one eye, has its exciting cause in the other. The affection is transferred by means of the ciliary nerves or the sympathetic filaments accompanying them. The inflammation is not supposed to extend directly by continuity, but the morbid excitation of the nerves predisposes the surrounding parts to congestion and inflammatory proliferation. This opinion is strengthened by the fact that in many instances the sympathetic trouble appears and continues for some time as a nervous irritation alone, though it may afterwards develope into true inflammation. The early opinion that the optic nerves, by way of the commissure, were the means of transfer of the inflammatory process, has been found erroneous. Eyes have been attacked with sympathetic ophthalmia when the optic nerves have been entirely atrophied, and have even undergone extensive chalky degeneration. On the other hand, when the ciliary nerves have been destroyed by suppuration, as in panophthalmitis, even though the optic nerves remain sound, there was no tendency to sympathetic trouble. Again, in a number of cases, the second eye becomes sensitive at a point in the ciliary region corresponding to the injury of the first, indicating pretty clearly the means of conveyance of the irritation.

Causes.—These may be given under one head, and that is, any affection involving the ciliary nerves, whether its primary seat be the cornea, iris, ciliary body, or choroid. Any of these may be the starting point. Among the principal excitants may be mentioned punctured or incised wounds, especially in the region of the ciliary body; foreign bodies within the eye, such as small portions of metal, stone, or glass; inter-

nal inflammation, accompanied with hemorrhagic effusions of considerable quantity, or recurring frequently; and formation of bone in the choroid. Sympathetic inflammation is more likely to occur in youthful individuals than in those of advanced life, and its course is more rapid in the former than in the latter. If due to an injury or foreign body in the eye, it may be developed almost immediately, or may not appear for many years.

The typical form of this difficulty, which is most frequently that of a malignant irido-cyclitis, is extremely dangerous. It runs its course rapidly, and can not but create anxiety in the mind of the medical adviser. What can be done to save the eye must be done at the outset. Even then success is only occasional. Our main reliance is in recognizing its causes and earliest symptoms, then acting with firmness and decision. The sound eye is generally affected at first with tenderness to touch, photophobia, pain accompanying the accommodative act, and feeling of pressure and tension. Later by frequent attacks of pain radiating over the head, with tumid lids and episcleral congestion. Genuine iritis quickly ensues, and, spreading to the ciliary body, develops the disease in all its malignity.

A free exudation from the posterior surface of the iris and from the ciliary body clogs the pupil and causes adhesions of the iris to the lens. As the disease advances, these exudations assume a dense, firm, and organized character. The iris is covered and saturated with lymph, tortuous veins appear upon its surface, and its texture becomes so rotten and friable as to offer no hold to the forceps if an iridectomy is attempted. The ciliary body swells, and is extremely sensitive. The choroid, retina, and even vitreous humor are quickly implicated, and the disease is at its height.

Unfortunately the inflammation is not always attended with premonitory symptoms. The attack may be attended with so little pain as hardly to attract the patient's attention, until his sight shows marked defect. By this time irreparable mischief may have been done. In the insidious manner of approach lies the great danger. One symptom, however, is nearly

always present, viz.: extreme sensitiveness in the region of the ciliary body. When the attack is ushered in with premonitory symptoms, and has been developed by an eye so injured as to be past restoration to useful vision, there is but one course to pursue, that is, *enucleation of the injured eye*. Delay would be criminally dangerous. This leads me to remark that when the sight of an eye is lost by any means the tendency of which is to awaken a sympathetic ophthalmia, the sooner the eye is removed the better. Though it may remain dormant for months or years, it is like a smoldering fire that may burst forth on slight provocation, and proceed to total destruction of the sound eye before a surgeon can be called. *So long as an injured eye remains sensitive at any point, it is dangerous.*

The question becomes a graver one when we have to decide as to the treatment of an eye yet retaining some vision. I think, however, that the responsibility should be entirely borne by the patient. The eye threatens just as much as though it were blind. The point to be settled is whether the patient is willing to enjoy that sight at this absolutely certain risk, after it has been clearly explained. I should feel justified only in advising immediate removal.

If the premonitory stage of the disease has passed, our treatment may be different.

Then, if some sight remains in the injured eye, we are warranted by past experience in awaiting the subsidence of active inflammation. A number of cases are recorded in which the first eye eventually proved the most serviceable. Our best authorities agree that operative procedure on the second eye during the progress of the sympathetic inflammation is prejudicial rather than beneficial. An iridectomy, which should be liberal, if performed very early may have a modifying effect. If the disease is fully established, an extensive iridectomy with dilaceration of the exudative mass, and removal of the lens, promises most relief.

Von Graefe recommends deferring the performance of this operation for three or four months. He says that the eye will bear it better then, as the vascularization and irritability of the exudative masses diminish when the acine of the disease is

passed. At an earlier period hemorrhagic effusion from the delicate and newly-developed vessels, and the proliferation of the neoplastic formations, again destroy the result of the operation.

Another and less dangerous form of sympathetic ophthalmia is that known as serous iritis.

In this the aqueous humor is somewhat clouded and occupied by a number of punctiform bodies assuming the shape of a pyramid, base downward. The anterior chamber is increased in depth, pupil somewhat dilated, and iris surrounded by a rosy, scleral zone. Its chief danger is the tendency to glaucomatous symptoms. The condition of the pupil, amount of vision, and state of tension are to be closely watched, and an early iridectomy performed if glaucoma threatens. It is much more tractable than the first form, and generally yields readily to internal treatment.

There is another condition known as sympathetic *irritation*, which may ensue upon an injury or inflammation of the eye, and which should not be confounded with sympathetic ophthalmia proper. It is characterized by a sense of weakness in the uninjured eye.

During any inflammatory exacerbation of the injured eye, the other one can not be used for reading or sewing without soon becoming tired and strained. It flushes up, and is intolerant of light. Lachrymation and ciliary neuralgia supervene, and only subside on a discontinuance of the work.

These symptoms are likely, however, to reappear as soon as the eye is again taxed or exposed to bright light.

Numerous instances have been met with where this form of irritation has existed for years without exciting serious trouble. And some of our remedies, such as Spigelia, Coccus, and Bryonia, have served to quiet the eye very quickly under these circumstances.

Notwithstanding this there is a certain amount of danger in retaining an eye that is constantly making its presence known in such a manner.

Sympathetic neurosis is a severer form of irritation described

by Donders. Its distinguishing features are intense lachrymation and photophobia.

These may be so severe as to cause spasm of the orbicularis muscle, and when an attempt is made to open the eye the cheeks are bathed with scalding tears. The sight is unimpaired, but the eye non-available. It readily disappears on removing the exciting cause, the injured eye. It is said that this form never passes over into true inflammation. After the establishment of the principle stated above, that the ciliary nerves were the means of transmission of the irritation from one eye to the other, division of these nerves at the sensitive point was suggested as a cure, and practiced with success in many cases of sympathetic neurosis. Where this procedure is sufficient, we gain something in a cosmetic point of view, having a better stump for the application of an artificial eye.

THE FUTURE OF CHEMISTRY.

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No scientific pursuit promises so much or offers so rich rewards to the investigator as chemistry. Though in age it may be likened to an old man, in advancement it is but a little child. It is hard to fix upon the precise time when chemistry took its place among the exact sciences; but, as an art, it has flourished since the days of Tubal Cain. Its earliest disciples were called alchemists. They sought to penetrate the hidden mysteries of nature; to discover the philosopher's stone, the elixir of life, and a universal solvent. They toiled in secret, and their names are often referred to with ridicule; but their labors were not in vain. They were hoary prophets predicting the brighter era that should come in the distant future. They worked with a mighty faith, and, groping 'mid the darkness of superstition, laid the foundation for the grandest of

sciences. Like the architect of St. Peter's church, the alchemist "builded better than he knew."

Chemistry is emphatically the science of civilization. By means of its discoveries mankind has risen from a state of barbarism to enlightenment. Little by little it has ministered to the great wants of humanity in a thousand diverse ways. It has not only supplied the needs of man, but it has even gratified his caprices. It has dyed the commonest fabrics with the hues of the rainbow; produced the most exquisite flavors from substances noxious or devoid of taste; created perfumes from the most offensive odors; and made artificial light cheaper than sunshine in many tenements in our great cities. Already the dreams of the old alchemists have been realized. Iron ore has been converted into a substance more valuable than gold. One metal of silvery sheen has been extracted from salt, another from wood-ashes, and still another from clay. What would have passed for miracles in the days of the alchemists excite no wonder in our day. Who of all the race that toiled with the crucible and alembic dreamed that a substance would be discovered which would annihilate pain, and would enable the wounded soldier to dream of love and home while a surgeon severed his arm or amputated a shattered leg?

But chemistry invites our attention, not from what it has accomplished but from what it promises to do. In most pursuits men look back upon the works of the old masters as accomplishments that may never be realized again. No hand may ever lead such forms of beauty from the silent marble as those that were fashioned by divine Phidias. No painter may ever equal the living picture of Michael Angelo. No historian may approach in splendor of description the pictured page of Livy. No song may ever equal the Iliad of the blind bard of Greece. No architecture may ever rival the magnificence of the Parthenon. They were the great guides, while those who are engaged in like pursuits are content to be called disciples or followers.

So, too, most of the sciences offer little encouragement for investigation in the hope of making new discoveries. Attentive observers have pointed the telescope to every part in the

visible heavens in the hope of discovering some new planet or far-off star. Zoologists have classified the animals of every continent and island, and now look for something new in the remains of a forgotten age. So thoroughly have plants been classified and named, that the multitude of attentive English botanists failed to discover one new specimen to add to the flora of Great Britain during the past year. Scottish highlands, Irish bogs, English downs, the mountains of Wales, the cliffs of the Orkneys, and the meadows of the Channel islands have all been searched in vain for an unknown plant. Even the myriads of insects, many of them too small to be observed without an object glass, have been so thoroughly studied, that new specimens are only discovered at long intervals of time.

But with chemistry all this is different. Not since the days of Davy and Lavoisier have discoveries been so frequent as now. Chemical science is elucidating truths each year; while chemical art is everywhere manifesting itself in aid of civilization and progress. It revolutionizes old methods of manufacture; establishes new branches of productive industry; and utilizes substances that have been classed as waste products from the earliest ages. Nor does it appear that the end of these discoveries and of this progress is near. We are by no means certain that we have arrived at the absolute number of the elementary substances. In another year the number may be greatly reduced or considerably increased. We only speculate as yet in relation to the laws that regulate their combinations. We know but little even in relation to several of the recognized elements. Of some we have so slight acquaintance that we know them only by name. For what purpose they were created, what grand part they are to play in the future history of the world, we know nothing. Why their very existence has been hidden from the time the morning stars rejoiced in the new creation, is all a mystery; unless it be that they have been reserved to minister to the wants of a higher civilization than mankind have yet attained.

Chemical science is prophetic in its utterances. It prophesies that the time will come when hydrogen shall be so cheaply eliminated from water that coal shall no longer be dug and

trees no longer be felled for fuel. It whispers that a day shall dawn when the ship-builder shall no longer covet the live oaks of Florida, when the pine forest of Michigan shall not be needed to build houses; when we shall sail in ships, ride in carriages, and live in houses made from aluminum—the wonderful metal diffused throughout the earth in the form of clay.

Nor is it certain that these and similar marvels shall first occur in a distant future. The present decade, not unlikely, will witness triumphs of chemical science such as the wildest enthusiast has never fancied; while he who is born a century hence will look back upon the age in which we live as we look upon the time when there were no telegraphs, friction matches, chloroform, or gas lights.

Chemical inventions, indeed, may occur in our day that shall cause old men to sigh that life with them had not just begun. Some baby chemist may be sleeping in a hovel beside the distant Colorado, who shall discover the means of cheaply separating gold from iron pyrites. Some physician going his rounds among the prairies of Illinois may find in an unexamined native plant a protection against "the pestilence that walketh at noon-day;" while some auger boring for oil at Pit Hole may, at its next raising, bring to the surface the salt of an unknown metal which shall supply a want of man felt from the earliest era of recorded time.

OUR CHEMICAL RELATIONS:

BEING THE SUBSTANCE OF A LECTURE DELIVERED IN THE SPRING TERM OF HAHNEMANN MEDICAL COLLEGE, CHICAGO, 1871.

BY F. A. LORD, M.D.,
Professor of Physiological and Medical Chemistry.

In the last lecture we endeavored to trace in an intelligible manner the chemical changes that attend the building up of vegetable organisms out of inorganic or mineral matter. We said that the elementary substances principally concerned in these processes were only four, viz.: Carbon, hydrogen,

oxygen, and nitrogen, and that these are furnished to the plant in the form of water (H_2O) and two gaseous substances always present in the air, viz., carbonic dioxide and ammonia, represented respectively by the formulae $C O_2$ and $N H_3$. We also showed how by very simple chemical changes cellulose, or vegetable fibre, sugar, starch, and gum, which form the principal bulk of vegetables, are all fabricated from the elements of carbonic dioxide and water alone, viz., carbon, hydrogen, and oxygen; while the small amount of ammonia also present in the atmosphere furnishes the nitrogen, which, in addition to the three elements just named, is necessary for the formation of another indispensable portion of vegetable substance, viz., the nitrogenized portion, or, as it is sometimes called, the "protoplasm." Your attention, moreover, was called to the interesting fact in the economy of nature that this construction, or building up, of organic substances out of the inorganic, the formation of plastic material out of that which is aplastic, of that which is capable of life out of that which has no capacity for vital function, *is the grand and peculiar office of the vegetable kingdom.* And lastly, it was stated that we have no evidence that the animal has any such function or power in even the smallest degree; the powers of the animal organism, so far as we know, being limited to molding into its own form, reducing to its own material likeness, and converting into its own texture that which has been previously organized in the laboratory of the plant. To illustrate further, the plant manufactures the raw material which the animal works into its own fabric, the function of the latter being confined to determining the particular form which the furnished material shall assume, and the special use to which it shall be put in a higher grade of organic life. Or, to state it just as it is, the plant furnishes the pabulum which the animal appropriates to its own tissues. The plant, then, in a certain sense, creates; the animal only *assimilates*.

From this it follows that all animal tissues are derived from vegetable organisms, and indirectly from the same inorganic materials which nourish the plants, viz., carbonic dioxide, water, ammonia, and salts of the soil. As far as concerns our

own material organism, therefore, we are as truly born of earth, air, and water as are the plants themselves, and analysis proves that we have the same ultimate chemical composition. There would seem to be quite as much truth as poetry, then, in the ancient idea of "mother Earth."

But, if animal and vegetable tissues are essentially the same in chemical composition, what, it may very properly be asked, constitutes their marked apparent differences, as regards their physical properties, the readiness with which they undergo decomposition, and the products of their decay? To all this we reply that the difference is more apparent than real, and is one of relation and adaptation to certain ends rather than any essential one.

The fact that animals possess the power of voluntary motion, while plants have no such ability, gives the clew to the real explanation of all the physical differences between animal and vegetable tissues. The difference here is simply one of mechanical adaptation to the necessities of the organism. Chemically, the difference is in the relative proportion of nitrogenized and non-nitrogenized substances present in the tissues; the nitrogenized largely predominating in the animal, while the non-nitrogenized form the bulk of the vegetable.

The relation of nitrogen to the incipient life of the plant was pretty fully explained when we were speaking of the general properties of the element, and of those compound substances of which it is an essential constituent. In this connection we also alluded to the very different relations which the nitrogenized and non-nitrogenized portions of the plant sustain to its growth and development. Indeed it is not to incipient life alone that the presence of nitrogen is all-important. It is not too much to say that without nitrogenized substance no vital manifestation whatever can take place; and conversely, wherever there is life, there we find nitrogen in abundance.

But, perhaps you ask, is not the plant as truly alive as the animal, notwithstanding the predominance of non-nitrogenized substance in its composition? I answer, yes, it as truly *has life*, but it *has not as much life*; that is to say, *not as much of it is alive*. The only part of the plant that is truly

alive is that portion of it that is growing — that part where new vegetable substance is forming. In the tree, for example, the only living part is that thin layer of cellular substance just underneath the bark, where the sap circulates after having been elaborated in the leaves, and where the new ring is forming that marks the growth of the year. In this portion of the plant or tree nitrogenized material abounds in a proportion even comparable to that found in the flesh of animals. In all the rest of the vegetable tissues, however, that is to say, in the stem, trunk, and heart-wood, and all those portions where the cellular matter has received permanent form and structure, and which now serve the purely mechanical purposes of support and resistance to the surrounding elements, no further vital operations are going on; the cells are no longer living and active, and here, accordingly, we find the nitrogenized material so essential to the young and growing tissues altogether absent, or if present in minute traces, yet forming no essential part of the fabric. For so economical is nature in the use of this precious material, that, as soon as the cells that have sprung into existence under its potent influence are completed, the protoplasm abandons them, and is constantly attracted to the new and growing parts where its peculiar function as *life generator* is only manifested. In passing thus from cell to cell, and centrifugally from ring to ring of the woody structure, the same nitrogenized material is used over and over again by the frugal plant, and never gains any permanent abiding place in the vegetable tissues. The only apparent exception is when it becomes stored away in the seed, to subserve a similar purpose in the development of the young plant. Even in this temporarily inactive condition it only awaits the necessary conditions of heat, moisture, and the presence of oxygen to set in motion those peculiar chemical and physical transformations which have already been detailed to you, and which result in the development of a new vegetable organism.

These peculiarities of vegetable growth explain why it is that relatively to the whole mass the amount of nitrogenized material in plants is so small, and how it is that, being so com-

paratively insignificant in quantity, it is yet capable of playing such an important part in the vegetable economy.

The animal, on the other hand, lives and grows and is vitally active at every point. Life pervades the tissues, which live only by undergoing perpetual change of substance. The flesh of animals, unlike the vegetable fabric, never becomes fixed and unchangeable, but rather is constantly being formed anew, worn out, displaced, and finally removed from the body in a ceaseless round of vital transformations. Hence, in the animal, the necessity for a correspondingly large proportion of nitrogenized material, which, as we have said, is alone capable of vital activity.

The real difference then between the two great divisions of organized matter, the animal and vegetable, as we said in the beginning, is one of relative proportions of nitrogenized and non-nitrogenized material, rather than one of kinds of material; and moreover corresponds closely and perfectly with the difference in their methods of growth, development, and functional activity. The nitrogenous proximate principles of vegetables, viz., albumen, gluten, and legumen, are chemically identical with the albumen, fibrin, and casein of the animal body. Moreover, in the processes of animal digestion and nutrition no essential change is wrought in the nitrogenized portions of the food; but, being dissolved in the blood, they are merely *assimilated* in form and function to the tissues to which they are distributed, or rather attracted, out of the general circulation.

Thus we see in a chemical point of view the essential oneness of plant and animal, and are forcibly struck with the literal truth of the saying that "all flesh is grass."

But let us look now a little further into the mutual relations of these two great divisions of organic nature. If animals feed and live upon plants, is it true in any sense that plants are nourished by animals? We shall find, if we examine carefully into the matter, that the relation between plants and animals is not one of indebtedness upon one side merely, but that it is one of mutual interdependence and reciprocal debit and credit. Each nourishes and sustains, and at the same time is

nourished and sustained by, the other. The function of the plant is preëminently and essentially constructive, as we have already seen; while that of the animal is as distinctly and emphatically destructive. The plant builds up organic matter out of inorganic materials; while the animal pulls down, tears apart, and destroys what the plant, with infinite pains and assisted by the solar ray, has put together; and in so doing reduces it again to the inorganic condition in which the plant originally found it, and may find it again. In appropriating the organic material of the plant the animal also appropriates the organic forces which the plant has drawn from sun, earth, and air. In other words, the animal lives by appropriating to itself the forces which made a living plant out of non-living material — which made organic out of inorganic matter, and of necessity, therefore, in so doing, must degrade the organic material of its food to its original inorganic condition. Accordingly we find the animal constantly exhaling into the air watery vapor and carbonic dioxide, while through the urinary excretion he as constantly eliminates urea, a substance which is chemically identical with, and spontaneously becomes, after its evacuation, the carbonate of ammonia. Thus we have restored to the air again by the physiological processes of the animal the carbonic dioxide (C O_2), the water (H_2O), and the ammonia (N H_3), the three identical inorganic substances which we have seen to constitute the essential part of the food of plants. After death the products of the decay of the animal body are still carbonic-dioxide, water, and ammonia, in precisely the form, condition, and quantity required for the nourishment of the plant.

Such is the unbroken circle of chemical transformations in which the material of our bodies, and that of all organized beings, is ever revolving. Such is the wonderful harmony, such the beautiful relation subsisting between the three great kingdoms (so-called) of nature.

The various chemical changes that attend the destructive metamorphosis of the animal tissues during life constitute one of the most interesting departments of study that will fall to your lot as medical students. They will furnish us subjects

for consideration at another time, and will bring us very naturally to the consideration of the chemistry of the urine in health and disease, a subject full of practical interest to the physician.

I will now place upon the board a diagram representing the mutual relations of the mineral, vegetable, and animal kingdoms, and illustrating the fact that the products of the normal destructive metamorphosis of the animal body, and likewise of its decay after death, are identical with the inorganic materials out of which the tissues were originally elaborated by the vegetable kingdom. This will serve to give you a bird's-eye view, so to speak, of what has been said, and I trust may help to fix in your minds the lesson specially intended to be impressed to-day, viz., that the material composition of all organized beings, including man, animals, and vegetables, is essentially the same; that all alike are originally derived from the earth, air, and water, and that the four simple elements,—carbon, hydrogen, oxygen, and nitrogen,—are chiefly concerned, not only in the composition of all organized forms, but also in all the chemical processes that attend their growth, development, and decay.

THE HOMŒOPATHIC HOSPITAL OF CHICAGO.

The following report (by Dr. Danforth) was read before the Illinois State Homœopathic Convention at its last annual session, held in Chicago, May 16, 1871 :

We congratulate the profession of the State upon the erection, completion, and occupation of this, the first homœopathic hospital in Illinois. The long-felt need has, at last, been supplied by the munificence of the Hon. J. Y. Scammon of Chicago.

The building reached a state of completion in October, 1870, and was thrown open for the reception of patients on Novem-

ber 1st following. It is two stories and a basement high, 120 feet long, and 26 feet wide, containing all the modern improvements. Contributions from the friends of the homœopathic cause have supplied it with 20 iron bedsteads, mattresses, and all the necessary bedding, and other furniture to render patients in every way comfortable, the whole institution being under the household management of Mrs. D. A. Tompkins, who has proved herself a most worthy and efficient matron.

The hospital is located on the shore of Lake Michigan, occupying a lot adjacent to that on which stands the Hahnemann Medical College, at the junction of Cottage Grove avenue and Twenty-ninth street. It is in charge of the following hospital staff:

Surgeon-in-Chief — DR. W. DANFORTH.

Consulting Surgeon — DR. J. S. MITCHELL.

Assistant Surgeon — DR. S. P. HEDGES.

Obstetrician and Gynaecologist — DR. R. LUDLAM.

Consulting Obstetrician — DR. A. E. SMALL.

Attending Physicians — DR. F. A. LORD, DR. E. M. HALE, and DR. D. A. COLTON.

Clerk of Hospital — CHARLES ADAMS.

About fifty patients have already been received and treated in the institution, as follows:

Gunshot wounds.....	1	Metrorrhagia.....	1
Typhoid fever.....	3	Fracture of phalanx.....	1
Cataract.....	1	Prolapsus uteri with leucorrhœa	1
Chronic cystitis.....	1	Endometritis.....	2
Procidentia uteri.....	1	Articular rheumatism.....	1
Phthisis pulmonalis.....	2	Varicocele.....	1
Hysteria.....	1	Fracture of leg.....	1
Confinement.....	2	Pneumonia.....	1
Cancer of rectum.....	1	Rubeola.....	1
Anal fistula.....	1	Chronic hepatitis.....	1
Anal fi-sure.....	2	Spina bifida.....	1
Necrosis of metatarsal bone.....	1	Chronic otorrhœa.....	1
Mania.....	1	Hare-lip.....	1
Lumbar abscess.....	1	Paronychia.....	1
Varicose ulcer.....	2	Cancer of parotid gland.....	1
Ossification of eye.....	1	Epithelial cancer.....	1
Hydrocele.....	3	Talipes equinus.....	1
Lachrymal fistula.....	1	Palmar abscess.....	1
Inguinal hernia.....	1	Spinal paralysis.....	1

The following surgical operations have been performed at the college hospital clinic:

Amputation of hand.....	1	Extrirpation of fatty tumor of
" " foot.....	1	thigh.....
Cataract.....	2	" " eye (for ossifica-
Strabismus.....	6	tion).....
Hydrocele.....	3	Operation for radical cure of her-
Elytrorrhaphy	1	nia.....
Reduction of ancient dislocation of shoulder.....	1	" " varicocele.....
Extirpation of parotid gland.....	1	" " hare-lip.....
" " epithelial cancer..	1	" " tætipes equinus... 1
" " scirrhous tumor..	1	" " anal fissure..... 2
" " breast.....	1	" " fistula lachrymalis 1
		" " stricture of rectum 1

Six dollars per week has been charged for all patients received, which sum has been supposed to cover the actual cost of board and nursing, leaving nothing for medical or surgical attendance.

This hospital is designed as the commencement only of what will eventuate in the establishment of a *general* hospital for the Northwest.

Of patients already treated here some have come from Michigan, Iowa, Indiana, and Wisconsin, while quite a number are from the interior of our own State; and while the profession can look with pride and satisfaction upon what has already been attained, we submit to them whether it may not be their interest and duty to contribute what they severally can to enlarge the sphere of usefulness of the hospital. To this end a committee was appointed sometime since to prepare and present a subscription list to a memorial fund (so-called) of one dollar each from every physician and friend of Homœopathy in the State, and it is believed that this plan can, and should, be carried out, and if so, will quicken, strengthen, and cement the latent feeling for our cause, furnish all the funds needed for the development of hospital interests, and in no case bear at all heavily upon any one in particular.

May we not expect the hearty support and coöperation of every practitioner in this matter?

Certainly nothing would so redound to the general interest

of our cause in the West as the establishment of a first-class general hospital in Chicago.

Thus it is seen that we have a hospital, and have already treated quite a number and variety of patients in it. It is proposed to make this a general hospital for the Northwest, so that patients can be sent here from Michigan, Indiana, Wisconsin, Minnesota, and Iowa, which, together with the State of Illinois, comprise a large area of territory, containing a population of six millions.

Delegates in attendance upon our Convention from the above States said with one accord that the profession would most cordially support the plan; and now it only remains for us to organize the hospital movement and go forward to complete success.

To this end circulars have been prepared and will be forwarded to the address of physicians living within the above district, and they are earnestly requested to coöperate with us in building up this representative institution.

EDITORIAL.

IN lieu of some remarks which we had intended to make concerning the June anniversary of our National Medical Society, we append a letter from a valued correspondent, first having forgiven him for a little fling at the ex-Secretary, who is a member of our editorial corps, and who was most unceremoniously snuffed out at the close of the meeting:

MESSRS. EDITORS: I am tempted to give you my impressions of the recent meeting of the American Institute of Homœopathy in the city of Philadelphia. There were nearly three hundred members present, and of these a larger proportion than usual were men of considerable prominence and experience. The hospitalities tendered us by the physicians of the Quaker City were, in many respects, more bountiful and enjoyable than any which have heretofore been extended to the Institute. The only fault to be found with the indefatigable Committee of Arrangements was that they did too much, and nearly killed us with kindness. In all charity, however, your correspondent is disposed to credit its members one and all with the best of motives. And yet he could not help questioning the propriety of so much sight-seeing and feasting, of spending so much time in the pursuit of that pleasure and sociability which, in themselves and in moderation, are commendable enough, and of which we doctors have only too little at home. At least two hours each day (and all the evening) were sacrificed to running about. This in four days would aggregate eight working hours, or at least one whole day, one-fourth of the time appointed to the yearly meeting. If the afternoon excursions had been arranged for the early morning, so much time might have been economized.

Another bit of extravagance, for which the Committee of Arrangements were in no wise responsible, was the wrangling over what the farmer styled "parliamentary tictacs." For almost the whole of two days, if one had shut his eyes and listened, he would certainly have thought himself in a common, old-fashioned country lyceum. The quibbling and higgling over some of the questions of "constitutionality," etc.,

etc., were simply ridiculous, and beneath the dignity of the society and the occasion. Another fourth of the allotted time was thrown away in this manner.

The reports from the various bureaus were unusually full and interesting. This was especially true of those of Materia Medica, of Surgery, and of Obstetrics and the Diseases of Women. But, *for lack of time*, not one of the numerous papers was honored with anything deserving the name of a discussion. Almost all the essays were "read by title and referred." Suppose the margin of time which was devoted to our being toasted and lionized, or to the perennial woman question, had been spent in a thorough ventilation of those reports, how many members would have contributed to the practical value of the meeting instead of going home without speaking a word therein. For many of the best men did not care to speak to any of the very ordinary, common-place questions that were raised.

Really, Messrs. Editors, I could not help thinking that if our Secretary were to winnow the business part of this year's proceedings very closely, he would not find much that was worth printing. But the reports will be valuable, and every one hopes the volume which is to contain them will be issued more promptly than that for the year 1870.

A pleasant feature of the occasion was the evident disposition to accord to one and all, however diversified their views upon mooted questions of theory and practice, the freest hearing and a full measure of honesty. Although the meeting was held in Philadelphia, which some are disposed to regard as the hot-bed of radicalism in our school of medicine, your correspondent did not hear a word of that Phariseeism which has cropped out on other occasions and elsewhere. This is a good omen. Let us hope it is the beginning of better days.

Despite the loss which every member present sustained, and which resulted in our accomplishing so little for science and for suffering humanity, I am certain that none of us can forget the pleasant season through which we have passed, and for the enjoyment of which we owe so much to Dr. Guernsey and his excellent co-workers.

Without being invidious, I will close, with expressing my conviction that the affairs of the Institute are now in the hands of better officers than they ever were since I have been a member thereof; and that the future will doubtless correct many errors of the past, among which is the propensity to employ a large share of the time set apart to its annual gatherings in a manner which is both unprofitable and unsatisfactory.

Yours, etc.,

P. T. S.

THE RANK OF THE PHYSICIAN.

In every community where physicians and surgeons are needed, men of commanding influence are also needed; and nothing can be more humiliating than to find anywhere members of the medical fraternity unable to maintain position in the first rank of those on whom the growth, stability, and welfare of communities depend. It is needless to say that rank outwardly depends almost wholly upon internal qualities. When a physician or any other man exalts within himself as principles of action the various good qualities that embellish human nature, and make probity, honor, courage, and good sense indispensable, every thing he does or says is accompanied with a manner, or rather with a charm, that secures the admiration and good-will of every beholder.

Is it not necessary that physicians should understand well the nature of the foundation on which they can build up character and influence wherever they may cast their lots among men? It is only necessary as "Davy Crockett" was accustomed to say, "*First be sure you are right, then go ahead.*" "*The stone cut out of the mountain without hands*" is the only reliable foundation upon which an imperishable reputation and influence can be built up. To acknowledge first of all the binding obligations of the Christian religion, is taking an important step in the right direction. A celebrated divine once said that "*a Christian is God Almighty's gentleman*; while in the vulgar superficial way of understanding the term, *a gentleman is the devil's Christian.*"

A worthy physician regards his calling as a means of benefiting society, and to promote this end, he seeks to attain superior qualifications. It is impossible for an illiterate, uneducated Christian to conscientiously force his way into the profession of medicine. His attention will first be directed to the culture of his mind, in those indispensable and necessary branches of learning that will bring him upon the plane of good society. Then if he chooses to enter the profession, he will thoroughly

master the text-books, and make himself familiar with the entire curriculum of medicine, and finally gain an honorable passport to the calling. Here he may rest for a little, with an humble trust in Providence to guide him to a field of useful labor, which, when found, he should aim high, and take a noble stand, holding himself ever ready to lend a helping hand to any enterprise that promotes good morals, or intelligence among the people. If he would be first in the respect and confidence of his chosen community, he must humbly aim to be first in self culture — first in promoting the institutions of religion and education, as well as first in the knowledge and practice of his profession.

It is not the ability to make a graceful bow, to dress neatly, or to make an imposing display of jewelry and fine equipage, that constitutes one a gentleman. A dancing master, or usher to a barber shop, may outshine men of worth in accomplishments such as these; nevertheless, good manners, which are nothing more than the evidence of good breeding, should always be observed.

Were we to specify what an intelligent public has a right to expect of a physician who claims its confidence, we should say, 1st, Quality and ability, that entitle him to first rank in society; 2d, Respectful and exemplary behavior; 3d, The maintenance of studious habits, prompt attention, and punctuality; 4th, A well-selected library. Let us consider these items separately:

1st, The quality and ability that entitles one to first rank in society, we have already hinted at. It is simply required of him to personify the attributes of a true gentleman, or the highest cultivation of those sentiments and tastes that ennable and beautify the human soul. The mind stored with principles, well grounded, stands out prominently, being governed by honesty, truthfulness, and true kindness. Its motto is "rationality and freedom in cultivating its faculties as a source of usefulness to mankind." But quality and ability generally go together. One whose mind is highly cultivated and stored with good principles, must also be well educated in all that pertains to his calling: he must be able to make a practical

application of his knowledge for the benefit of the people he is with. The public expect it; and in the proportion that this expectation is realized, he acquires respect and confidence, and by common consent his title to the most distinguished consideration is conceded.

2. Respectful and exemplary behavior will follow as a matter of course, where one's quality and ability are not distrusted; for with humble and thoughtful demeanor and with becoming self-sacrifice, he seeks not to eclipse the good recognized in his associates, but he seeks to identify his interests with theirs; and when a physician thus qualified seeks to be the equal and kindly brother of all, his rank in the best society, is disputed by none.

3. But to maintain this rank, he must still be a student. A reputation for studious habits gives him a good name and influence with the most intelligent classes. If prompt in attending to calls for services,—the most trivial as well as the most important,—he draws around him a confiding patronage. If punctual in fulfilling his engagements, and chary of idle promises, he is by common consent ranked among the most reliable and trustworthy.

4. One of the most desirable aids that a physician and surgeon can possess is a well-selected library and a comfortable study, where he can retire at pleasure, to satiate his thirst for valuable knowledge. It is not necessary, neither is it wise, that the shelves of his book-case should be filled alone with the text-books of his profession. These, with such periodicals as will furnish him with the latest record of new discoveries in the science and art of his calling, are nevertheless indispensable. No member of the profession will fail to cultivate a familiarity with the literature thereof, unless he loses his interest; and in such an event he is destined to lower his reputation by becoming antiquated and rusty. But in order to sustain an enviable rank in good society, his library must be to him a source for the widest range of culture. He must have at hand the latest record of general scientific discovery; the choicest gems of literature, in poetry and prose; the most approved works on ethics, political economy and patriotism.

It is only by a familiar acquaintance with works such as these that his mind becomes cultivated for position and rank in the best society.

It will therefore be seen that an honest purpose, a competent preliminary education, a thorough mastery of every science embraced in the curriculum of medicine, and a mind well disciplined and cultivated by religious, civil and social reading, are indispensable and tributary to an enviable position in good society. They furnish the foundation and cap-stone for one's influence and success among men.

On the other hand, a man of low passions and mercenary motives, given to profanity and wanting in a competent preliminary training, can never surround himself with good society or acquire respect and influence in any community. A selfish ambition and temporary industry may aid him in procuring a medical diploma, but unless he undergoes a radical change and is able to remedy defects, were he to cast his lot in any community, no external mannerisms or self-importance can shield him from betraying, at every turn of life, his propclivities and preliminary deficiencies; style and pretension could only bear a temporary sway. As birds of a feather flock together, so every one will find his level. Cant, hypocrisy and presumption can have but an ephemeral influence. The profession of medicine has suffered much from the ignorance, profanity and intemperance of its unworthy members. When a physician acquires the reputation of being a horse-jockey, a gambler, a frequenter of bar-rooms and low places of amusement, when he should be engaged in the important work of self-culture, he may have the reputation of being polite and gentlemanly when in these places, or polished in his imitations of good manners when in the street, but his rank is with his kind, his influence is a nullity, and society and the profession are by no means benefited by his presence. Having little or no foundation within himself for the upholding of a character that will command respect, he soon wears out in one place and flies to another, bringing reproach upon himself and the fraternity to which he belongs. The time has come for every honorable and trustworthy physician to set his

face against the introduction of such doctors into the ranks of an honorable and useful calling. If our professional readers, whoever they may be, aspire for an enviable rank in good society and a high position for usefulness, let them note carefully the first few paragraphs of this article; if they simply crave indulgence for selfish gratification and ease, let them reflect upon the degradation that awaits them.

VALEDICTORY.

This issue closes the current volume of the JOURNAL. Whatever may be said of its management during the past year, it will be conceded that its pages have not been soiled with a single personality, and that its practical character and tone have improved with each succeeding issue. The increased and constantly increasing popularity of the JOURNAL indicates a growing fondness on the part of our practitioners for such literature as will be most available and useful to them. Before this volume was opened it was the firm conviction of its editors that it might be so conducted as on the one hand to avoid the needless discussion of topics which are too transcendental for ordinary use, and on the other to shun the flashy and sensational style of running a medical omnibus, which, while it carries a little of everything, really conveys almost nothing of value to its readers. Whether they have succeeded in their undertaking, may safely be left to those who are competent judges.

Throughout the year the effort has been to select from the mass of material gathered such papers as were most practical in their character. The pages of this volume have not, therefore, been used as a screen upon which all sorts of contributors might paint their own eccentricities of faith and works; but rather for the purpose of making a sober, serious, earnest *exposé* of practical medicine, surgery and obstetrics. If our friends will take the result as an earnest of what we mean to

accomplish in the future, when the reins are more fully in hand, we shall be abundantly satisfied.

To all those who have interested themselves in increasing our list of subscribers, and who have shown their appreciation of our labors by encouraging and complimentary words, we return our sincere thanks. We hope they will not fail to remember that we need more such friends and readers as well as contributors.

The JOURNAL will continue to appear in the same style and under the same management as during the last year., excepting only that the name of Dr. R. NORMAN FOSTER will be added to its list of Editors. This will be a real acquisition to its working force, and will not fail to please our readers everywhere.

TRANSACTIONS OF THE CHICAGO ACADEMY OF MEDICINE.

IX.

DISCUSSION UPON DR. FOSTER'S ESSAY ON CHOLERA INFANTUM.*

After the reading of this paper, the President, Dr. W. Danforth, called in rotation upon each of the members present for his views upon the nature of this disease, its cause, course, peculiarities, and treatment.

DR. F. A. LORD inquired what potency of *Arsenicum* the essayist preferred in these cases?

DR. FOSTER. The third centesimal.

DR. F. A. LORD. Does Dr. Foster consider the treatment which he has recommended as strictly homœopathic? He, however, did not ask the question in a critical spirit.

DR. FOSTER stated that in the preparation of his paper he had limited himself more particularly to the study of the nature of the disease in question. His remarks upon its treatment were not designed to be very specific. He thought the *violence* of its first stage was a characteristic indication for *Aconite*; while *Arsenicum* corresponded to symptoms which may follow, and which are known as those of *collapse*. *Bell.*, *Apis*, and other remedies might be indicated in case the head were involved.

DR. F. A. LORD thought the essay one of great interest at this time, or indeed, at any time. His only regret was that the essayist did not enter more minutely into the treatment of the disease. Thinks the suddenness of the attack is not always so pronounced as represented in the paper. It is often impossible to draw the dividing line between the antecedent diarrhœa and real cholera infantum.

It is a very interesting question to decide whether or no this form of cholera is primarily a *nervous* disease. Much could be said upon both sides.

* For this paper see page 448 of the present No. of this Journal.

Dr. Foster had very ably presented one view of the question. The hydrocephaloid condition into which these patients so readily pass is undoubtedly attended by exhaustion of the nervous centers, and prostration of the whole nervous system; but this occurs only in the advanced stages of the disease and may be rationally attributed to defective nutrition produced by the irritable and hyperæmic condition of the digestive tract, and the exhausting effect of the continued discharge from the bowels. The disease occurs at a time when the brain and nervous system are undergoing rapid growth and development, and hence more likely than at any other time to suffer early from lack of proper nutrition. The bones and teeth of the young child are also at this time making large demands upon the system for phosphatic food. Hence, the supply being cut off by indigestion, and the system drained by the diarrhoea, we would naturally expect signs of cerebral and nervous exhaustion to follow.

He believed the weight of evidence and opinion still to be in favor of the view that the disease primarily affects the alimentary tube, and only secondarily the nervous system. It did not necessarily follow that there was no hyperæmia or altered condition of the mucous membrane of the stomach and bowels because it was difficult or impossible to detect them after death.

He thought, notwithstanding all that had been said, that the most frequent cause of the disease was *heat*. Statistics showed that the deaths from cholera infantum increased and diminished with the rise and fall of the mercury. Those seasons, and those weeks and days in the season that are hottest invariably prove the most fatal to those suffering from this disease. An elevated temperature, in addition to its general depressing effect, causes an excessive transudation from the skin; this, as shown by actual experiments of Beaumont, causes a diminished secretion of the gastric juice; this in turn causes abnormal decomposition or fermentation of the food. Or the fermentation process may have actually commenced in the food before it enters the stomach. The readiness with which milk, the principal food of children, is changed by warm weather is familiar to all. The extreme fatality of cholera infantum in children artificially reared is proverbial. Even in nursing infants, if the mouth is not cleansed after suckling, decomposing particles of milk in the mouth may be sufficient to corrupt the milk fresh from the mother's breast.

Fermenting substances in the alimentary canal have a tendency to destroy or alter the investing epithelium in such a manner as to deprive the mucous membrane of its natural protection, and thus induce irritation, hyperæmia and transudation of fluid into the stomach and intestines. He thought it was this that produced the symptoms of cholera infantum rather than any morbid impressions primarily affecting the nervous system.

Success in the treatment of this disease he regarded as largely depending upon the regulation of the diet. This was the most difficult thing to be attained, and frequently taxed to the utmost the resources of the physician.

In the protracted cases accompanied by great nervous exhaustion, in which Dr. F. had recommended Phosphoric acid, he had also great confidence in Phosphorus, Calcarea carb. and Calcarea phosphorica. The symptomatology of these cases often clearly pointed to these remedies, as did their true pathology. As a dietetic article he had used with excellent effect the wheat phosphates, prepared from wheat bran by Mr. Sargent, a druggist of this city. It could be given in trituration with milk sugar, or as a syrup with glycerine. The success of this treatment was an evidence to him that the symptoms in these protracted cases were owing to cerebral and nervous exhaustion, whatever may have been the primary causes of this disease.

DR. L. H. HOLBROOK was of opinion that not only this, but all other diseases, are primarily of nervous origin. He has often given Aconite, and with excellent effect in cholera morbus, but not in cholera infantum. In the former disease he thought it a very valuable remedy. Patients had often told him that in a very few minutes after taking it they felt warm to the finger ends. He thought in these cases it produced a more prompt and thorough reaction than Veratrum or any other remedy.

During the last week he had had several cases of "summer complaint" with great heat, which persisted throughout. There was no coolness, or coldness of the surface, and no signs of collapse. One of them, which was temporarily relieved with Ars. ²⁰, relapsed, and was afterwards cured with Ars. ¹. Ipecacuanha had been of service in the other cases.

Dr. H. thought that, concerning the indications named for the use of the phosphoric acid in this disease, one point had been omitted. Where the attack is characterized by involuntary dis-

charges which are copious and watery, as in typhoid fever, he thought this was a most excellent and reliable remedy.

DR. H. BARTON FELLOWS said that he could not understand how a profuse, watery diarrhoea can be due to nervousness.

DR. R. N. FOSTER: Whether they are normal or abnormal, the alvine secretions are under the control of the nervous centers. It is thus that fear and other emotional causes may produce a diarrhoea.

DR. S. GROSVENOR thought it by no means strange or unaccountable that exciting causes operating through the nervous system should give rise to watery discharges from the bowels. When a teacher, some years ago, he had observed that through fear on the part of some of his little pupils, it was not difficult to identify the one who had been in mischief. Upon entering the room and demanding to know who the rogue was, the little fellow would be very apt to be seized with a sudden diarrhoea, and the soiled condition of his clothes would put him on the scent of the offender.

Dr. G. was fully impressed with the liability to cholera infantum induced by insufficient clothing. The clothing should be so worn as to protect from the evil influences of extreme vicissitudes of temperature and humidity. For this purpose I recommend that the child shall be clothed in a light flannel from head to foot. When the weather becomes very warm, remove the *outside* clothing, layer by layer, but leave the flannel intact and next the skin.

I have sometimes found that "packing" the bowels with clothes or a crash towel dipped in very warm, or even in tepid water, afforded great relief to the little sufferer. My plan is to fold a towel the long way, wet it, and then adjust it carefully around the little body. Where there is much fever it is especially grateful, and has served admirably.

One cause of the unrest of infants with this disease is their inordinate thirst and their inability to express their craving for water. They cram their little fists into their mouths, or nurse exceedingly greedily and constantly. I generally recommend to give them water which has been boiled and afterwards cooled. It will refresh them greatly, and beside doing no positive harm, may really help to carry them through the attack.

DR. C. HORACE EVANS: Why boil the water?

DR. GROSVENOR: It removes the earthy and other impurities.

DR. F. A. LORD: And if it serves to charge it lightly with carbonic acid it will improve the quality of the water.

DR. BURRITT has prescribed the tepid water pack to the abdomen with excellent results. In one severe case, in which Ipecac. and Ars. had failed me, I gave of the tincture of Veratrum Viride, 4 drops in half a glass of water, a teaspoonful every hour at first, then every four hours, with remarkable results. The vomiting stopped immediately. As food, I prefer the babies should have the wheat phosphate with cream, a teaspoonful of cream to half a pint of the gruel. I believe that, as a rule, these patients are fed too frequently, as well as too freely and indiscriminately.

DR. FARWELL had been very much pleased with the report, more especially as it set up the claims of pathology for a hearing. He thought we should first study the nature of the disease, its course and progress, and afterwards the most successful method of treating it. Could not understand how the stomach could be so decidedly upset unless the brain was seriously implicated. Cited some experiments of tying the par vagum in dogs and rabbits by way of illustrating the mutual relation of these organs. In summer we eat less of phosphorus than in winter, and indirectly this may sometimes account for the predisposition to brain troubles in nursing children during the summer months. Hence he thought that in treating this class of cases it was sometimes requisite to prescribe the proper diet not only for the babe, but for the whole family.

Dr. F. stated that while yet an Allopathist he had cured several cases of cholera infantum with what he should now regard a pretty strong solution of carbolic acid. When that had failed, he had sometimes given camphor, with the happiest effect.

DR. O. H. MANN said, I am afraid I shall disappoint those who were expecting to hear from me, in consequence of my not being able to add anything to the excellent essay we have listened to, and the remarks that have already been offered upon it. I shall, however, be obliged to differ with the essayist upon one or two points. In speaking of the causes of the affection, he mentions as the most prominent and important cause, the occurrence of sudden changes of temperature, and that this disease is peculiarly an American one, owing to the prevalence of those changes in our climate. Admitting this to be a fact, which it undoubtedly is, do not those changes produce as much effect in the country as in the city? Do we not experience the same changes, and do they not produce the same effect two hundred, twenty, or twelve miles from Chicago as they do twenty rods from the City Hall? Why do

children, having the same organization, and belonging to the same human family, enjoy an immunity from those diseases because they are outside of the city. I think they do not. There are just as many cases of cholera infantum in the country in proportion to the number of inhabitants as there are in the city. The gentleman who has just spoken, mentioned five cases which he had a year ago in Aurora, a country town of some ten thousand inhabitants. In Ottawa, several years ago, a town of about eight thousand inhabitants, there were twenty-seven deaths in one day from cholera infantum—not in my practice, understand me, Mr. President. In the suburban village where I live, I have within a week been called to thirteen cases of gastro-intestinal catarrh, five of which were well-marked cases of cholera infantum.

In the mention of the treatment, the Doctor recommends, in the commencement of the attack, Aconite indiscriminately in all cases. A member asks if that is homœopathic. I desire to answer very positively that in my judgment it is not homœopathic practice. In the thirteen cases that I have had within a week, I have had but one that I considered an Aconite case; and in that case, a few doses of the thirtieth, unaided by any alternate, answered my most ardent expectations.

I think that the practice of Homœopathy consists in applying to a given set of symptoms a drug that will cover those symptoms; a drug that has symptoms *like* those manifested by the disease; a drug that is homœopathic to the case in hand, and on no account, nor under any circumstances, are we to generalize.

The thirteen cases that I have treated, I have taken an account of in full, noting every symptom in detail at the bed-side of the patient. I will read one or two of the cases to show you my method of choosing the remedy. The first that I open in my note-book is

Mr. —'s child, aged 16 months, has had diarrhœa several days. The mother has administered Cham. and Merc. with no effect. The symptoms recorded at my visit are, Thin, watery, colorless, painless, fetid, sour smelling stools. Vomiting of a sour fluid and sour smelling breath, vomits after milk, great thirst, great restlessness, distress during and after stool. Worse at night, discharges involuntarily during the night, having passages unconsciously while sleeping. It being one of my first cases, this season, and not having studied my *Materia Medica* much this Spring with especial reference to gastro-enteritis, the symptom which particularly led me to

prescribe was aggravation at night, which is a prominent pulsatilla symptom. I accordingly gave Puls. July 8. Child no better; discharges more frequent, mother anxious; discharges green and slimy; sour smell continuing. Having fixed in my mind a characteristic of Hepar sulph. "green, slimy diarrhoea with sour smell," I gave Hepar sulph. July 9, Not materially better, discharges frequent, child becoming emaciated and quite weak. Its food is principally milk, which it vomits as soon as taken; stools lighter colored again, and not nearly so sour; parents impatient and beginning to look with suspicion upon Homœopathy. I prescribed Sach. lac. in one glass with water, and told them to send to my office in two hours for some more medicine, to put in another glass, the two to be given alternately every two hours. Upon careful investigation, I found Calc. carb. was the only remedy in the Materia Medica that covered the case, having the symptoms, vomiting after milk, sour vomiting, sour diarrhoea, involuntary discharges, etc., and that in Calc. I had a perfect picture of my case. I accordingly sent a few drops of the thirtieth attenuation to put in the other glass of water. July 10, Child apparently well; has taken altogether but two doses of Calc. carb; went to sleep at dark, and slept soundly all night; bowels moved but once some two hours after taking the medicine, and then the stool was more natural than it had been for over a week. In the morning, the mother had stopped giving the medicine entirely, for fear of making the child too constipated. Of course, it took no more medicine.

The next case in my note-book is

Mr B——'s child, aged 14 months; has four teeth; has always been healthy; taken this evening, July 7, with yellow, watery discharges, containing undigested food, and violent vomiting; great prostration; feet and hands cold; after a paroxysm of vomiting and purging it will sink away and appear lifeless. Intense thirst, constantly crying for water, grasps the cup eagerly as soon as it is within reach; is sick and gags after drinking water. The mother had a friend whose child died in the same way last Summer, and she knows hers will not live until morning. I was acquainted with that pathogenesis—so well acquainted with it, that I administered with the most perfect confidence one powder of Arsen.³⁰, leaving a number of blanks to be given every hour, unless the child was sleeping. In the course of two hours, the child slept, and in the morning was perfectly free from all morbid symptoms; and the next morning after that, had a natural movement from the bowels.

Some good homœopathic physicians might say the child would have recovered any way, that the disease was just at the turning point, and that I happened to step in just at the right time. If that was an isolated case, I should think so myself; but I have half

a dozen other cases on my note-book as marked as that, that have happened within a week, and I have seen many of them within the last four years.

DR. C. HORACE EVANS remarked : There is one point that has been overlooked in the report, and that is in the distinction between *gastro-enteritis* and *cholera infantum*. As nearly all cases of *cholera infantum* commence with diarrhoea, lasting a longer or shorter time, those that claim a nervous origin for the latter would have to apply it to every case of the former, as it is impossible to define the dividing line between them. The cerebral symptoms proper of *cholera infantum* are *secondary*, and result from anaemia of the brain (consequent upon the continued vomiting and purging,) and present a picture of hydrocephaloid. There is first the irritable stage — the restlessness, the rolling and boring of the head in the pillow, the hands going constantly to the head to rub or scratch it, and the vomiting which was previously *gastro-enteric* becoming now more violent from the supervention of the cerebral condition.

Following this is the period of gradual coma

In relation to treatment, I do not think the treatment should be based upon its theory of nervous origin, as in giving large doses of Aconite or in attempting to supply a deficiency of Phosphorus, real or supposed, but upon the careful individualization of each case. In this I agree with Dr. Mann, that the totality of symptoms should be our guide to the selection of the remedy, and I find in these cases as in all others that my greatest success attends this method.

DR. E. M. P. LUDLAM asked, if we did not recognize the *nervous* symptoms in this class of cases, why we so often prescribed the usual remedies, as Bell., Hyos., Ipecac., and even Ars.

DR. H. BARTON FELLOWS: But you would not consider the *nervous* symptoms as the more prominent and suggestive?

DR. E. M. P. LUDLAM: Certainly; at least in the great majority of cases.

DR. R. LUDLAM had enjoyed the paper and the discussion exceedingly. The former was so thorough and exhaustive that he had nothing to add; but the latter had brought out certain expressions which in his opinion deserved an antidote. Concerning the cerebral or cerebro-spinal complications proper to the first stage of *cholera infantum*, he had but little to add to what he had said informally at the last meeting of the Academy.*

* See page 395 of this number of the JOURNAL.

It is *not* true that "nearly all cases of cholera infantum commence with diarrhoea." In only a small proportion of them is there anything resembling choleric. And the ratio of attacks of this disease which supervene intestinal catarrh and gastro-enteritis is still smaller. Consequently, he felt like insisting that, when a child passes directly into a comatose or semi-comatose state, or when it sleeps much more than usual during the day, having four or five naps instead of one only, when there are twitchings, cramps, or convulsions, directly after the first fit of vomiting, (the child having been as well as ever previously,) the symptoms have something distinctive or at least suggestive in them. Add to this, in certain cases, excessive unrest, insomnia, irritability, *cough, hoarseness, and suppression of the urine*, and the educated physician will recognize the prodromata of serious trouble with the brain.

It is true that such generalizations do not point out the particular remedy, but they will sometimes put the practitioner upon the right course, and so narrow down his choice of remedies as greatly to multiply the chances that he will select the proper one. I have in my possession several letters which certify that the suggestions to which Dr. Foster kindly referred concerning uræmia, as a concomitant of cholera infantum, had been the means of saving life; and I am persuaded that there is something also in the idea that in many cases of *bona fide* cholera infantum, the original starting-point of the disorder is in the brain.

With respect to Dr. Mann's method of selecting the remedy in cholera infantum, I hope to escape the charge of invidiousness in making use of a homely illustration. For by this means only is it possible to make myself understood. On entering a barber-shop. I have sometimes found half a dozen lazy fellows idly waiting for a customer. Placing myself *in situ*, I have told the one who is to serve me that I am in haste, and in half an hour must go to meet an appointment. Having arranged the preliminaries, he deliberately turns about and devotes the allotted time to putting his razor in order. Consequently, I break my engagement, and am annoyed beyond expression. If the lazy fellow had sharpened his instrument when he had nothing else to do, he could have served me much more promptly and satisfactorily.

With the physician the case is parallel. If he wastes his spare moments, he will be compelled to draw upon his patient's time, in order to prescribe intelligently, and this too in emergencies in

which the loss of time may be equivalent to the loss of life. And just as you or I, Mr. President, would be disgusted with the lazy barber; so busy, active, sensible people are likely to be dissatisfied with the doctor who in an ordinary "summer complaint," must run home to consult his library before he can make an intelligent and appropriate prescription. Besides, if he has a dozen others to visit, or twenty miles to travel, before he can get home to his authorities and back again, what will become of the little patient meanwhile?

Our remedies are like our friends. They are our friends. We know them by a few leading, prominent features. And these features are sufficiently distinctive. We separate them readily. We recognize them in a moment. There is no need to consult a long line of family portraits, or photographs, before we can decide whether Mr. Jones is Mr. Jones or Mr. Smith. We leave the finer shades of expression for the physiognomist, assured that they will correspond to the general characteristics of face and form that we carry with us, and by which, at a glance, we distinguish one person from another. The best artist could not specify all the individual peculiarities of feature of his most intimate friend. The best physician of our school can not name all the "characteristics," or indicate the whole curative range of the commonest remedy. But the leading, distinctive, most essential properties and characteristics of the polychrests are available. We confirm them daily. We do not forget them between October and June. They are fixed indelibly in our minds, and it is for this reason that they are most useful and expedient in emergencies.

Now, in chronic cases, where the disease is more complicated and tedious, and there is greater need of individualization, elaboration, adaptation, accuracy, there will be time for study and for reference to authorities. We may consult our books and journals, or bring the case before this Academy for clinical dissection and analysis. But genuine cholera infantum, as it prevails in this and other large cities, is too rapid in its course to admit of delay and hesitancy on the part of the doctor. Its curative stage is so brief that he must "come to the point" at once. And, other things equal, the readiness with which he selects the remedy that covers the cardinal symptoms of the case will be the measure of his genius, his skill, and his success.

Happily the list of remedies that are likely to be indicated is a short one. And it includes those with which we are necessarily

most familiar. Besides, *in the acute stage*, the greater the danger, the fewer the remedies upon which we really depend. It is only in the sub-acute and chronic forms of this disease that we need to consult the whole *Materia Medica*. When the disorder has persisted, and is become more or less complicated, there will be time for balancing the nicer shades of therapeutical indication for which some of our physicians are so deservedly distinguished. But, in diseases like cholera infantum, where the duration of the curative stage is so limited, we must be ready to act promptly and intelligently. If Aconite will abort only one case in ten, we ought to know it. If one case in five is due to a primary lesion of the brain, we ought not to forget it. If a free diuresis will sometimes avert convulsions and death, let us make note of the fact. Such generalizations are useful because they are available. They do not contravene the more delicate and specific indications for our remedies, but they are the ready coin that the wide-awake doctor carries with him wherever he goes.

DR. FOSTER closed the discussion by saying that in alluding to the greater prevalence of the disease in large cities, he had simply stated the opinions of the great majority of writers on the subject. For himself, he really doubted their conclusions. He had seen well marked cases of cholera infantum in the smallest towns of Massachusetts. That the death rate was higher on extremely hot days did not contradict the statement that great and sudden changes of temperature were the exciting cause of the disease. These very hot days were among the changes, and would, besides, have an unfavorable effect upon those already sick. As to the treatment suggested in the paper, he had been compelled by lack of time to confine himself to a few suggestions on that point, and he hoped that some member of the Academy would favor them on another occasion with an article bearing directly upon the treatment.

On motion of a member, Dr. O. H. Mann, of Evanston, was requested by the President to furnish a paper on the homœopathic treatment of cholera infantum, to be read at the next regular meeting.

The motion was carried, and the meeting adjourned.

X.

EIGHT PERSONS POISONED WITH MILK FROM A
NEW MILCH COW.

REPORTED BY A. E. SMALL, M.D.

I was called July 1, 1871, at 7 A. M., to prescribe for a man and wife, son, two daughters, two female servants, and one colored servant, who had been vomiting and purging greenish watery matter simultaneously for four hours. Each suffered intense pain in the stomach and bowels, with severe cramps, insatiable thirst, high arterial excitement, with flushed and tumefied countenances, intense aching in the upper and lower extremities, and rapid alternations of chilliness and heat followed by violent perspiration, which seemed to afford no relief. On inquiry into the cause of this violent and alarming sickness, affecting so many in a similar way, it was ascertained that each had partaken of raspberries and milk and a cold custard made of the same milk, from a cow which, three days before, had been driven from Calumet. She had a calf about eight days old. As two of the family who did not partake of the milk were not affected, the conclusion was inevitable that the milk was the cause of the sickness. In view of the intense thirst, severe prostration, and the character of the febrile symptoms, gave Arsenicum third decimal attenuation. At ten A. M. found the vomiting, thirst, pain in the abdomen, and violent purging, had continued without mitigation. Ipecacuanha^o was then prescribed to each, and toast-water was ordered for a drink. At two P. M., found them still suffering, without any change — their countenances very much flushed, and betokening much anguish; great acceleration of the pulse was noted, and severe palpitation was complained of by several of them. At nine P. M., found but little change. Croton tiglum the third decimal was then prescribed — ten drops in half a tumbler of water — a teaspoonful to be given each every thirty minutes. After a few doses had been administered, the inclination to vomit began to diminish, and in three out of the eight the purging began to assume a dysenteric form. July 2, at nine A. M., found them without exception severely and helplessly prostrated; having stools of the same greenish watery character every fifteen

or twenty minutes. In four of the afflicted ones there was a distinct febrile reaction, and in two of the number discharges of blood with the stools became apparent. Gave Croton tiglum in the sixth attenuation to each, prepared and administered as before. At nine A. M., July 3, found that all had been sufficiently relieved to enable them to get a little sleep; yet three of them had vomited during the night, and several discharges from the bowels had taken place with all. At six P. M., found that one of the female servants and the two daughters and son were having dysenteric stools, with blood; prescribed to each of these Ipecac.⁸ in water, and continued the Croton tig. with the others. The servant was very much alarmed, as were also some of her relatives. She imagined she saw death staring her in the face, and had the priest sent for to prepare her for an easy exit through purgatory. The negro man, who had lain helpless for four days, began to arouse and call for something to eat. Weak mutton broth was allowed to each. At nine A. M., July 4, found the night had been spent with considerable distress by the female servant, and that the negro had slept soundly without having been disturbed. Also found the two daughters and son had rested tolerably well, and that the dysentery had passed off. The man and his wife still complained of great prostration and some thirst, but they had no more vomiting and only occasional purging. The other female servant was rejoiced to find complete absolution from the malady. At six P. M., found decided improvement in the man and wife. They complained of headache, and evinced a threatening of low fever. Gave Bryonia⁹ to these two, to be repeated at intervals of two hours. At nine A. M., July 5, found them better, and with some desire for food. The younger daughter had relapsed during the night, and Croton tig: was again given to her, with satisfactory results. The other daughter was so prostrated that a gentle stimulant was ordered, and it had an excellent effect. The same was directed for the man and wife, which revived them very much. At evening, all seemed to be convalescent. July 6, found no further traces of the disease, except slight headache and some fever. This was attributed to the stimulant. Gave Nux¹⁰, to be repeated every three hours. At seven P. M., found all but the little daughter and female servant able to sit up, though very weak. Gave the little girl some port wine in water, which suited her stomach, and from this time she convalesced rapidly. July 7, found the man was about the house and longing for the open air;

the wife was also able to sit up. July 8, at ten A. M., found all recovering strength rapidly, and more anxious for culinary products than for the doctor or his medicines, and he left them to go on their way rejoicing.

REMARKS.

It will be noticed that Croton tiglium seemed to produce the first modification of suffering in all, and in three was continued until complete convalescence was established. The intense arterial excitement and palpitation ceased with the vomiting and purging, and the recovery from the severe prostration seemed to be brought about by stimulants and food as soon as it was possible to have recourse to them; and also it was manifest that the febrile symptoms were controlled readily, before any stimulant was taken, by Bryonia, and afterwards by Nux vomica. The cow was driven from Calumet June 28, and was fed at once on dry feed. Whether the heat and fatigue of the cow, together with change of feed, had operated disastrously upon the mammary secretion, is a question to be considered. The strictest inquiry could elicit no probable source of the poison, except from the cow, and yet the animal ate well and betrayed no sign of disease whatever, except the slight effects of fatigue from having been driven fourteen miles, on a hot day.

There is a disease that has prevailed considerably in the West, chiefly in the neighborhood of level, heavily timbered, wet oak land, which in many respects resembles the disease we have detailed, although differing in one essential particular. This disease is called Milk Sickness, and for the most part is attended with inveterate constipation.

The cattle attacked by the disease are said to have the *trembles*, as they manifest great muscular weakness, and it is supposed to be produced by eating some poisonous weed, like that of the *poison ivy*. But this is not certainly known. Nevertheless, calves, dogs, and children fed upon the milk of cows thus poisoned, will shortly begin to vomit, and adults become more severely affected, but not so suddenly. The frequent fatal termination of this sickness has caused it to be regarded as a scourge in the localities where it has prevailed. The disease sets in with a feeling of great weakness, more particularly of the lower extremities. There is nausea, vomiting, and fetid breath, which is peculiar to the disease. In many cases, these are all the symptoms, and they are persistent for weeks. In other

cases, there are in addition, chills and flushes, great oppression about the heart, anxiety, deep breathing, heat in the stomach compared to fire and boiling water, violent retching and vomiting, violent beatings of the heart, and throbbings of the large vessels, and cold extremities,—producing altogether extreme distress. In a majority of cases, says Dr. Warren, the vomiting comes on in hourly paroxysms, and is attended by great burning at the pit of the stomach. The matter vomited is greenish, or of a bluish green color, and an extremely acid odor; the tongue usually has a whitish coating, and the bowels, with some exceptions, are uniformly costive. A gentleman engaged in the manufacture of paper in Southern Illinois was for three months prostrated with this disease, and the symptoms were the same as the above, with the exception of the constipation,—several of his family were prostrated at the same time. All were taken with general convulsions of stomach and bowels, intense burning pain and thirst. They finally became so prostrated and low that the malady assumed the form of typhus, from which two of the family died. They had all partaken of milk from a cow supposed to have been poisoned. The milk sickness proper, from all the information that can be gained, (which is very meagre,) is characterized by obstinate constipation. In other respects there are many points of resemblance between this malady and the sickness described in this paper.

XI.

CASE OF RIGHT-CEPHALO-ILIAC PRESENTATION.

BY TEMPLE S. HOYNE, M.D.

MR. PRESIDENT AND FELLOWS OF THE ACADEMY:

Before adjourning this evening, I wish to briefly call your attention to a case which it was my good fortune to have charge of; and it being the first one of the kind I had ever seen, it may be that I considered it more interesting and of more importance than you will. But here is the case:

On the evening of June 8, 1871, I was called upon in haste to visit Mrs. X., then in the eighth month of pregnancy, who complained greatly of a severe and constant pain in the right hypochondrium.

In addition to this, she had fainted frequently, although the attendants had administered camphor, stimulants, etc. The lady had been pregnant ten times before, carrying all but two the full period of nine months. I mention this to show why I believed her, when she said the pain was not at all like labor pain. I supposed the cause of the trouble to be due to the pressure of the impregnated uterus upon the solar plexus of nerves, and thought that if I could change the position of the foetus slightly, the severe pain and other troubles would cease. This I have accomplished in a number of cases with great and immediate relief to the patient. To effect this change of position, I placed my right hand on the left side of the abdomen, and the left on the opposite side, making gentle pressure upward with the right hand, and downward pressure with the other. I had hardly commenced this pressure, when the lady exclaimed that the waters had broken, and that the pain had entirely disappeared.

Upon examining the bed, it was found covered with blood from the head to the foot; everything, in fact, was soaked with it. I supposed that the membranes had been ruptured also. Labor pains came on immediately, and violently, every pain being accompanied by quite a profuse discharge of blood. I knew that little danger was to be apprehended so long as the pains continued violent and frequent. Now, upon examination, I discovered that the membranes were not ruptured. I also discovered that I had the transverse presentation, called by Baudelocque, Velpeau, and others, the right-cephalo-iliac,—the left plane of the trunk presenting. I waited some thirty odd minutes, to see if nature unaided, as is claimed by some obstetricians, would alter the position. Puls. was not given. The pains continued violent, and at intervals of two and a half to three minutes. At the expiration of something over half an hour, the presentation was found to be precisely the same, notwithstanding the severity of the pains, and I did not feel justified in longer delaying the operation for version. I performed version in the following manner:—The right hand was placed on the left side of the patient's abdomen, and the left on the opposite, grasping the head. With the right hand, I pressed the nates upward at the time of a pain, and the head downward with the left hand at the same instant. In a very few moments, I succeeded in pushing the head down, thus completing the version, and delivery was rapidly accomplished. The foetus enveloped in the unruptured membranes,

and the placenta all came together. The uterus contracted nicely, and the hemorrhage ceased. The next day, however, the patient had terrific after-pains for over an hour, after which she passed a clot, which the nurse stated was as large as the child's head. The lady had no further trouble, and was up on the ninth day.

The child did not breathe at first, but by slapping it smartly on the back for some few moments, it commenced the operation satisfactorily. It was laid down for five minutes, and when picked up again, had stopped breathing. It was now treated to the cold plunge and hot plunge alternately, but notwithstanding all our efforts, it died in about an hour.

Wigand states that the cause of this presentation is to be found in the fact that the womb, instead of being pyriform in the vertical direction, is shaped like an ellipsoid, the major axis being transverse, and the presentation is really due to an irregular shape of the womb. The presentation is rare, especially when the left plane presents, as in this case, and occurs only once in about three hundred labors.

In conclusion, I wish to hear the members of the Academy discuss the following points, after which I shall be happy to give my own views on the subject:—Had labor actually commenced when I was called to the case, or was it induced by my manipulations? Was the hemorrhage due to the entire detachment of the placenta? Was the fainting the result of the hemorrhage? Was the child lost by waiting for nature to accomplish version?

REVIEWS OF BOOKS.

THE CAUSATION, COURSE, AND TREATMENT OF REFLEX INSANITY IN WOMEN. By Horatio Robinson Storer, M.D., L.L.B., of Boston, etc., etc. Boston : Lee & Shepard. 1871. P. 236.

This little book reproduces a report made by its author to the American Medical Association in 1865. As its title implies, it is devoted to utero-mental pathology, to the consideration of "the physical causes of insanity peculiar to women, and their preponderance and efficiency as compared with those of the male sex." It abounds in quotations from eminent writers to the effect that insanity may be of extra-cerebral origin, and in criticisms of the commonly received views of its cause among women especially. These quotations are not generally available to the profession, and are of themselves most pointed and practical. They discuss the coincidence of puberty and the climacteric, of uterine and ovarian disease, of menstrual disorders, of pregnancy, parturition, and lactation, with the origin and peculiarities of mental derangements. They set forth and illustrate the maxim of Morel, that "*The Brain is always the seat of insanity, but it is not always the seat of its cause.*"

The author recognizes the induction of insanity by other remote diseases and circumstances, as, for example, by renal embarrassment, as shown by Simpson ; by the inhalation of carbonic acid, according to Esquirol ; and by its frequent relation with latent and serious diseases of the lungs, as advocated by Dr. Workman. But the aim and object of the report is to render the "Pelvic Causation of Insanity" more prominent in the professional mind, and, having settled a leading question in the etiology of mental disease, to multiply the means for its cure.

Such as are opposed to the cultivation and practice of specialties in Medicine will, perhaps, consider this volume as of little worth. They may deem it one-sided and exclusive. These persons are likely to forget that this very natural tendency of those who set forth the superior claims of their specialty is compensated and corrected by the labor of others, who are working their own vein, and making the most of whatever it yields. This objection certainly does not apply to Dr. Storer's book. For the merit of his report consists in its thorough ventilation and refutation of the exclusive views upon the subject of insanity, which have been held and taught by those who are supposed to have made it a subject of special study. If he can show that they have overlooked a very important part of the subject, something that will explain the induction and peculiarities of

insanity in a large proportion of those who have it, whether at home or in asylums, and that the knowledge of this class of facts would be available in the treatment of this disease, he certainly has cultivated his specialty, and written thereof to some practical purpose. And this is precisely what he has done. His book stands alone, and its suggestions are both timely and acceptable. For it is simply criminal to place the subjects of Reflex Insanity, due to inter-pelvic disorder, in the care of those who, no matter how cultivated in other respects, are ignorant of the principles and practice of modern gynaecology.

The only fault we have to find with this work—which we really commend to our readers—is that it is merely *prefatory*. It is the introduction to a volume that has never been written, and which can not be for many years to come. But for its imperfections in this regard, the author is not answerable. He is accountable, however, for the pugnacious spirit in which he sometimes treats those whose views are different from his own. In our judgment, it were better to have left the defense of his intentions and purposes in the production of this report to have quietly evaporated from his own inkstand.

R. L.

**PUBLICATIONS OF THE MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY,
FROM 1840 TO 1861. Vol. I. Taunton. 1871.**

For eminent respectability of appearance, as well as for the intrinsic merit of their contents, we commend one and all of the medical publications of our brethren in Massachusetts. This volume, which preserves so much of the early history of Homœopathy in that State, is really one of the most interesting and suggestive of its kind that has ever fallen into our hands. Its table of contents includes A Sketch of Hahnemann, by E. U. Jones, M.D.; a Review of the Rise of Homœopathy and its Early History, by C. Wesselhoeft, M.D.; a Sketch of Dr. Gram, and the Early History of Homœopathy in Massachusetts, by E. U. Jones, M.D.; a List of the Publications of the Massachusetts Homœopathic Fraternity; some seventy pages of Clinical Reports on Fevers, Rheumatism, Hepatic and Gastric Diseases, etc., etc.; an excellent Essay on the Establishment of a Public Hospital and Dispensary, by I. T. Talbot, M.D.; and first-class Annual Addresses, by Drs. Holt and Wild; Articles of Association; the Act of Incorporation for the Massachusetts Homœopathic Hospital, etc.

Taken in connection with Vol. II., which is already in our library, and which brings these Publications down to the year 1866—twenty-six years—we look upon this work as a monument of which any State medical society might very justly be proud.

R. L.

**FIFTH ANNUAL REPORT OF THE HOMEOPATHIC MEDICAL AND SURGICAL
HOSPITAL AND DISPENSARY OF PITTSBURG, PA. Pittsburg. 1871.**

Only those who have carried the weight of care and anxiety which is inseparably connected with the early history of such an enterprise, can properly appreciate the labors and success of our Pittsburg friends in

building up their Hospital and Dispensary. All will be ready to aid such a charity when it is fairly afloat; but until that time arrives, somebody must struggle out of sight, and sacrifice his time, his strength, and his private means to foster and to forward the undertaking. We gather from this interesting report, that of three hundred and four patients treated in this Hospital during the last year, only fifteen, or 4 9-10 per cent died. Of these fatal cases, three were the result of accident. The number of "pay patients" was ninety-eight; of "charity" do., two hundred and eight. In the dispensary, 4,592 prescriptions were made during the year, making a total of 14,500 since the institution was opened, less than five years ago. The increase of patients over last year was thirty per cent.; the daily average in the Hospital, 24 1-10. Among the capital operations performed in the Hospital was that of an amputation at the hip joint, the first ever performed in the smoky city.

We congratulate our friends in Pittsburg on the gratifying success of their enterprise. Should we ourselves be taken ill, it would be a real comfort to be cared for by such competent physicians in so pleasant a home as we know this Hospital to be.

R. L.

LECTURES CLINICAL AND DIDACTIC ON THE DISEASES OF WOMEN. By R. Ludlam, M.D., Professor of Obstetrics and Diseases of Women and Children, in Hahnemann Medical College, Chicago. Part III. Chicago : C. S. Halsey. Philadelphia : F. E. Boericke. 1871.

It may or it may not be known to some of our readers that Walt Whitman is a poet, or, to put it less ambiguously, that there is now extant a poet by the name of Walt Whitman. In one of the productions of this bard a peculiar colloquy takes place between himself and his soul, the "exciting cause" of said colloquy being that each one rather doubts the existence of the other. At last the party of the first part, to wit, the poet, by a rare Alexandrian stroke cuts the Gordian knot as follows:

"O Soul! we have positively appeared, and that is enough."

So did we, as also did many others, feel a few weeks ago, when, after a trying period of doubt and anxiety respecting its possible existence, Part III. "positively appeared;" we felt that the fact was enough.

It is a weakness of serial publications to grow poorer as each successive number appears; they often exhibit painful efforts on the part of the author to fill the requisite number of pages, without having the proper material wherewith to do it. The first or second effort exhausts his inspiration, and thenceforward the work is spiritless and dreary. But Part III. betrays no such failing. We certainly express the sentiments of all who have watched the progress of this work with true professional interest, when we say that it is by far the best number that has yet appeared. The subjects of which it treats are among the most abstruse in theory and the most difficult in practice, with which the physician has to deal. This fact gives to the present number a special importance. Stomatitis materna, puerperal convulsions, menstrual headache and hysteria, are topics requiring large

experience, careful study, and a special adaptation in him who would instruct others respecting them; and in all of these branches this work will instruct any one who reads it intelligently. We do not know that menstrual headache, notwithstanding its frequency, severity, and obstinacy, can be found anywhere else treated as a separate subject; yet its importance certainly demands such treatment.

In one other respect, also, this number deserves commendation above its predecessors. The treatment considered appropriate to each case is more fully and carefully detailed than in the preceding numbers. Many who will read the work will doubtless still complain that this special point is not presented after another and more usual fashion. But every author works best in his own way; and one who sets before us, as Prof. Ludlam is doing in this book, the results of so large and varied an experience, and who sets them before us, too, in a manner that shows that he has studied his work thoroughly and conscientiously, ought not to be criticized too severely with reference to some arbitrary standard. Only those who have had a similar training by experience can with any modesty pretend to criticize the value of the therapeutics here presented; we therefore do not pretend to do so. But we like the book; we admire the style of it. There is carefulness and painstaking in every page of it. There is a fine fund of instruction in it. There is a good deal of medicine and not much "pathy" in it. We hope to see the remaining parts issued more promptly, and shall be much disappointed if they do not bear out the interest thus far enlisted to the end.

R. N. F.

OUR EXCHANGES.

OBSTETRICAL.

LANCING THE GUMS IN DIFFICULT DENTITION.—Dr. Hatch, of Sacramento, recently reported four cases of fatal hemorrhage from lancing the gums, in children who were already diseased, and who had taken calomel.

HYSTERIA FROM COMPRESSION OF THE OVARIES.—Dr. Chairon thinks he has discovered that compression of these organs may so excite the reflex sympathies of the epiglottis and of the larynx, as to produce the *globus hystericus*, *dysphagia*, etc., which pertain to fits of hysteria.

THE SEWING MACHINE AND THE HEALTH OF WOMEN.—*L'Union Médicale* contains an article by Dr. Decaisne, in which he states that having investigated the condition of 661 female operatives, he found that they were not more subject than other working women to metrorrhagia, peritonitis, miscarriage, and leucorrhœa. He thinks that the effects which have been cited against the instrument were coincident merely, and partly due also to the labor being beyond the woman's strength. He prefers the isochronous pedals to those which operate alternately.

UTERINE SUTURES AFTER THE CÆSARIAN SECTION.—Dr. Rodenstein, of N. Y. (*Am. Journal of Obs.*, etc., for Feb. 1871), advocates the habitual introduction of sutures to close the wound in the uterus, and insists that such practice would lessen the mortality which has so generally followed the Cæsarian operation. He has collected the records of over four hundred cases operated on since the beginning of the present century. Of these, forty-three per cent. have terminated fatally to the mother.

URETHROCELE IN THE FEMALE.—In the same journal, Dr. Bozeman treats of this troublesome affection, which was first described by the famous gynaecologist, Sir C. M. Clarke, as depending upon “a thickening of the cellular membrane surrounding the urethra throughout its whole extent, accompanied by a varicose state of the vessels of the part.” Dr. B. dwells upon the tendency of this disease to develop into catarrh, and finally into ulceration of the bladder. He insists that surgical intervention is absolutely

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requisite. For the urethrocele, he recommends the tapping of the urethra through the vagina at its most dependant point, on the same principle as cystotomy was proposed and performed by Dr. Willard Parker for the relief of catarrh of the male bladder. The resulting fistula can be treated as if it were accidental, when the lesion of the urethra and vesical cervix have been cured. For confirmed cases, which have already involved the bladder most seriously, he proposes to make an aperture of the size of a half dollar, into the bladder through the vesico-vaginal septum, just above the vesico-urethral orifice. He cites an aggravated case of this disease which was cured by this operation. Nine years have passed since it was performed, and yet the patient is entirely well. The after treatment is the same as for vesico-vaginal fistulae.

FOR CHRONIC PERFORATING ULCER OF THE BLADDER.—*Apropos* to the foregoing, Mr. Laurence Tait (*London Lancet*) reports two cases of chronic perforating ulcer of the bladder, which were cured by Sir Jas. Simpson, by the formation of an artificial vesico-vaginal fistula. The operation was performed by "introducing a grooved staff along the urethra and slitting-up the posterior fourth of the canal, and about an inch of the posterior wall of the bladder. There is no difficulty in getting the fistula to close after the ulcer has healed; the difficulty is to get it to remain open long enough."

LIGATION OF THE FUNIS, AND THE APPLICATION OF THE BINDER.—For nearly a year past, these twin questions have not been discussed in any of our medical meetings.

CANCER OF THE BREAST.—An Italian journal (*L'Ippocratico*) cites a case of mammary cancer cured in six weeks by the local use of a mixture of concentrated acetic acid and creosote. A more fashionable remedy just now is the carbolic acid.

ATTEMPTED OVARIOTOMY.—Prof. Jouon, of Nantes, France, began this operation on a married woman at 29. After making the incision, and puncturing the cyst, the sac was found to be immovable. The operation was abandoned and the case treated as one of artificial anus. The cyst was syringed out with alcohol and water, and subsequently with iodine. In a little less than four months, the woman was quite well.—*London Lancet*.

UMBILICAL HERNIA IN CHILDREN.—Dr. Van Norman reports having cured six cases of this affection in children of less than twelve months with *Nux vomica* $\frac{1}{2}$ a dose given every night for three or four weeks. He has failed in only one case of the kind. He allows the "ordinary bandages around the child, and then lets them kick and cry all they please."—*Ohio Med. and Surg. Reporter*.

SCARLATINA AND DIPHTHERIA.—During the twenty one years from 1848 to 1868, inclusive, there were registered in England and Wales 415,982 deaths from scarlet fever and diphtheria. It is estimated that at least 40,000 deaths have occurred from these diseases in England alone during the last year.

DIPHTHERIA has prevailed of late very extensively in the city of Berlin, many cases having occurred in the military hospitals.

THE "AMERICAN PRACTICE" OF DILATING THE CERVIX UTERI.—In a paper contained in the *British Medical Journal*, Dr. Athill incidentally criticises the practice of dilating the cervix uteri "at the physician's residence." One of our Exchanges ridicules the charge, and leaves its readers to infer that this usage is *not* in vogue among cis-Atlantic practitioners. As many as six cases have fallen into our hands within as many months, in which a somewhat noted gynaecologist had several times introduced one or another kind of tent within the uterine cervix at his office, and then sent the patient home, perhaps miles distant, with the "skewer" *in situ*. The practice is not American ; it is barbarous.

VESICO-VAGINAL FISTULA—Dr. R M Hodges, of Boston, reports, in the *Boston Med. and Surg. Journal*, for Feb. 2, 1871, the details of twenty-five cases of vesico-vaginal fistula, of which twenty-two were cured by operation, two not cured, died one. Fifteen were cured by a single operation ; five, by two ; and two, by three operations. He insists that "the idea that the urine possesses antiplastic properties, which render healing by first intention impracticable in a wound of parts bathed by that secretion, is not warranted ;" and that, "if the permanent closure of these fistulae is considered a difficult procedure, it is only because, in the interior of the vagina, incisions cannot always be made with the precision, or sutures introduced with the accuracy, which a successful performance of the operation renders necessary."

THE CÆSAREAN OPERATION FOUR TIMES REPEATED.—Dr. Oettler reports (*Révue de Thérapie*) the case of a woman with a narrow pelvis, the result of congenital rickets. She was delivered at the age of 23, in the year 1853, and subsequently in 1857, 1859, and 1863 by the Cæsarean section, and each time of a living child. She recovered rapidly and entirely from each operation, and at the date of the report, was in good health.

DIFFICULTY OF CURING A CHRONIC LEUCORRHOEA.—Those who think and report it so easy a matter to cure cases of this sort radically, need to be reminded that so distinguished a practitioner as Scanzoni has announced publicly that he has never cured a single case.

VOMITING IN PREGNANCY.—For this troublesome complaint, Dr. Carl Both (*Trans. Gynæc. Soc. of Boston*) highly recommends the taking of raw meat chopped finely, and slightly salted. The doses should be small at first, and then gradually increased.

INFLAMMATION AND ULCERATION OF THE CERVIX UTERI.—A writer in the *Pacific Medical and Surgical Journal* criticises the well-known views of Dr. Tyler Smith on this subject, because he has not followed "in the path blazed out and made plain by Dr. Bennett." It is possible, as the writer insists, that this class of disease is relatively much more frequent in California than in the Atlantic States, but we suggest that the indorsement of Dr. Bennett's theory, and the practical application thereof, are likely to render these affections not only very frequent, but very persistent also. When the uterine cervix has been "blazed out and made plain" three or four times a week for months together, it certainly is time to look for a more excellent way. And this is precisely what some of these San Francisco patients are doing when they come to Chicago for treatment.

CHLORAL HYDRATE IN Puerperal Mania and Puerperal Convulsions.—Dr. Phillips stated to the Obstetrical Society of London, that during the past nine months he had used the hydrate of chloral extensively in the puerperal state, especially in five cases of puerperal mania, and two of puerperal convulsions. In four of the five cases of mania its action had been very beneficial, while in the fifth it failed to produce sleep, though given in full doses. In one case of mania the patient had no sleep for three days, though opium had been given; but within five minutes of taking half a drachm of hydrate of chloral she fell asleep, and slept four hours, and again five hours more. In another case, on the fourth day it was given in full doses, and the next day the patient was quite rational.

UTERINE HEMORRHAGE ARRESTED BY HEAT TO THE SPINE.—Prof. Beneke, of Marburg (*Medical Mirror*, from *Medical Record*), has arrested hemorrhage from the uterus, in several cases, by the application of heat to the spine. He thinks much can and will be done by the principle of applying cold and heat to the spine. So far as the heat is concerned, his experience has fully convinced him of its extreme usefulness in certain cases.

LAMINARIA TENTS.—Dr J. C. Nott, of New York (*Am. Jour. of Obstetrics*), presents the following conclusions in regard to the use of laminaria tents:

- 1st. Where moderate dilatation is required, the laminaria is preferable to the sponge tents.
- 2d. If placed in warm water, just before introduction for a few minutes, they become flexible, coated with mucilage, are easily curved to suit the cervical canal, and may be inserted with the utmost facility.
- 3d. From their smoothness and softness, they are removed without force, and produce no abrasion or irritation.
- 4th. They may be medicated with morphia, iodine, or anything *soluble in water*, but do not absorb alcoholic solutions or glycerine. After being so charged, they may be dried and kept for use an indefinite time.
- 5th. They do not become putrid, and therefore poisonous, as do sponge tents, and may, therefore, be retained twenty-four hours or more with impunity.

6th. The black, ovoid laminaria, from the Bay of Fundy, is much preferable to the other varieties yet brought to our markets, and free from the objections he has seen made to laminaria by some writers.

7th The laminaria will be found of great benefit in obstructive dysmenorrhœa, if introduced a few days before the menstrual period, and also in cases of uterine catarrh connected with contracted cervix ; they prepare the way well, too, for all intra-uterine medication. In either case, if softened in hot water before introduction, they rarely produce any pain or irritation.

8th. He thinks it better to insert several small tents than one, as the small ones expand more rapidly than the large ones.

EFFECTS OF AGE AND TEMPERATURE UPON THE DEATH-RATE FROM CHOLERA INFANTUM.—In a very suggestive paper upon this subject by Dr. Pemberton Dudley, of Philadelphia (*Hahnemannian Monthly*, June, 1871), the following conclusions are reached :

1st. That there are marked and sudden fluctuations in the number of deaths from cholera infantum from day to day.

2d. That these fluctuations correspond very frequently with fluctuations of temperature, the increase of mortality occurring either on the same day as the increase of temperature, or on the day next succeeding.

3d. That these fluctuations are more marked about the time that the epidemic is at its height, than at any other period before or afterward.

4th. That there is a gradual rise in the daily mortality from the beginning of the epidemic, and a gradual falling off towards its close, which are not attended with a gradual increase and diminution of temperature.

5th. That occasionally a very great elevation of temperature occurs without being attended by a perceptible increase of mortality.

6th. That the period of greatest fatality occurs about the middle or latter end of July.

In other words, "a certain amount of hot weather is necessary to create a *predisposition* to this disease," which, once developed, "the high temperature of a single day acts as an *exciting* cause, or, at least, as an aggravating influence." Statistics drawn from the Health Office report for five years (1866 to 1870 inclusive) show that in the fifth and seventh months of infancy this disease is most fatal. After these comes the eleventh mon'th. Dr. P. thinks the growth of the teeth has more influence as a cause of this disease than their eruption.

SURGICAL.

DEATH FROM HYDRATE OF CHLORAL.—A case was reported to the New York Pathological Society, of a female to whom, two days after abortion, thirty grains of chloral were given, followed in half an hour by a second dose. In half an hour from the second dose she died. No symptoms were noticed except coldness of the extremities after the second dose. Decomposition advanced very rapidly, though the weather was extremely cold.

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PERMANGANATE OF POTASH IN GONORRHEA.—Dr. Thomas Narden recommends this drug (*London Lancet*, December, 1870), as an injection (gr v.—xv. to f $\frac{1}{3}$ i.) in this disease. Great care should be taken to have dish and syringe clean.

RIGID OS UTERI.—A quarter of a grain or less of morphia hypodermically injected in cases of tedious labor from rigid os uteri, has the effect of producing rapid dilatation, in addition to its soothing effects upon the worn-out and suffering system generally.—*Virginia Clinical Record*.

BROMIDE OF IRON IN SEMINAL EMISSIONS.—Bromide of iron is recommended by Dr. N. H. Norris, of Beloit, Wis., as almost a specific in involuntary seminal emissions and spermatorrhea. He has given it three times daily, an hour before or after meals, in doses of three to five grains, rubbed up in a little syrup; at bedtime, a sufficient quantity is given to produce good refreshing sleep, free from lascivious dreams, for which purpose ten grains are usually sufficient, but as much as twenty grains have been given without injury.—*Northwestern Medical and Surgical Journal*, April, 1871.—*American Journal of Pharmacy*.

DR. PANCOAST'S TREATMENT OF INVERTED TOE-NAIL.—Dr. Pancoast never removes the nail, or any portion of it; but, as the trouble arises from the edge of the nail dipping down into the flesh at the side of the toe, he cuts away the soft parts, and leaves the nail in a position where it can do no harm; then, raising up its free edge, and separating it thoroughly from the parts below it, with the thin handle of a scalpel, he slips beneath it a strip or two of adhesive plaster, and carries the ends beneath the ball of the toe and round upon the metatarsus, so as to force the soft parts down and the nail up. When the parts heal, the side of the nail will be free from any covering. One great advantage of this operation is that the patient is almost immediately enabled to attend to his business. He keeps the parts covered, for several days, with a strong aqueous solution of sub acetate of lead and laudanum.—*Medical Archives*.

CLITORIDECTOMY.—Dr J. P. White, of Buffalo, N. Y. (*American Journal of Insanity*), extirpated the clitoris in an epileptic girl, aged 20 years, who was addicted to onanism. The habit was broken up entirely. It is now about three years since the operation; the habit has not returned, nor have the epileptic paroxysms re-appeared. He has operated in two other instances. In one case the paroxysms were postponed a month or two, but the epilepsy was not interrupted. Two of the cases were young girls, where the habit of masturbation was established at boarding-school. Dr. White would suggest the substitution of the division of the pudic nerves subcutaneously for the more offensive mutilation of clitoridectomy. This operation would be far less disgusting, and may afford equal relief. In some instances which have come under his observation, the patients were wonderfully susceptible to the influence of this peculiar excitement; and upon applying the finger to the clitoris, it acted almost like a galvanic shock.

AN IMPROVED METHOD OF PLUGGING IN EPISTAXIS.—It is generally expected when the anterior and posterior nares are plugged, that a clot forms on the floor of the nose which compresses the oozing vessels. M. Fano, of Paris, uses the following method: Instead of tying a pledget of cotton to the free end of the thread, he ties a series of pledgets along the string, as papers are tied to the tail of a kite. The string being now pulled from the nasal end, is made, by a little management on the velum, to pass behind the latter with its four or five pledgets, until the latter are fairly lodged in the nose, the last pledget occluding the aperture of the posterior nares. The front may be plugged as usual. The whole is left four days.—*Lancet.*

SKIN TRANSPLANTATION.—In connection with the important subject of healing wounds by the transplantation of skin, which was first brought to the notice of the American profession by the *Medical Gazette*, and to which additional interest has been given by Prof Frank H. Hamilton's experiments, recently related by Dr. Williams, we extract from the *Lancet's* report of a late meeting of the Clinical Society of London the following *résumé* of a discussion which will be of interest to our surgical readers:

"1. That the new skin should be applied to a healthy granulating surface. 2. That skin *only* should be transplanted, special care being taken that no fat adhered to it. 3. That the portion of skin should be accurately applied to the granulating surface. 4. That the new skin should be kept in position without interruption, and that it should be lightly covered with a layer of lint, and over that a small compress of cotton wool and a bandage, for the purpose of maintaining its warmth, and thus to assist in retaining its vitality until it had established its new life."

"Mr. Croft mentions a case in which he had transplanted a piece of skin a quarter of an inch square on to a large granulating sore of the leg. Eleven days afterwards it had doubled in size, and was now progressing very quickly toward recovery."

CASTRATION FOR EPILEPTIC INSANITY—Dr. Mackenzie Bacon, in the *Practitioner* for June, cites a case of removal of the testes in a lad who had brought on epilepsy and imbecility by self abuse. The result was an improvement in every way, including a marked increase of intelligence. Dr. M. thinks the operation would be beneficial to many insane epileptics.—*Pacific Med. Jour.*

TREATMENT OF STRYCHNIA POISONING BY BROMIDE OF POTASSIUM.—Two cases have recently been reported in which the bromide appears to have been successful as an antidote to strychnia—one in the *American Medical Journal*, the other in the *New York Medical Journal*. In the latter case ninety grains were given every half hour till the muscles were relaxed.

DR. ADELLMAN, of Dorpat, strongly advocates forced flexion of the limbs in traumatic hemorrhages, as a very important haemostatic measure.

GONORRHOEA CURED IN TWO DAYS.—A writer in the *London Lancet* claims to cure gonorrhœa in from two to six days, by injecting a solution of per-manganate of potassa, five to ten or fifteen grains to an ounce of water. The injection is to be repeated at least four times a day. It causes no pain or inconvenience.

SLoughing SYPHILITIC SORE THROAT.—Great benefit may be derived by painting the diseased surface over with Calvert's liquid carbolic acid, undiluted, by means of a camel's-hair brush. The brush should be pushed well upward and downward, so as to reach as much as possible of the diseased surface. After the first application a weak solution should be substituted and applied frequently; at the same time as good support as possible should be given.

PUNCTURE IN ANASARCA.—Dr. Handfield Jones, at a recent meeting of the Clinical Society of London, read a paper on this subject, in which he advocated the making a single puncture in the calves of both legs with a fine trocar, and after withdrawing the stilettos, leaving the canulas open for several hours, to allow the fluid to drain away. In this manner he succeeded in the first operation in drawing off sixty measured ounces of fluid from the right leg, but only ten from the left, in consequence, he supposed, of the canula not lying properly in the subcutaneous cellular tissue. In a second operation on the same man, three days afterward, he drew off one hundred and twenty ounces of fluid, besides a great deal which ran from the punctures for several days afterward—sufficient to saturate three blankets. For the performance of the operation the man was placed in a sitting posture, and this he considered important, as it facilitated the draining away of the fluid.

TREATMENT OF CHANCREOIDS. By Dr. Charles C. Shoyer, of Leavenworth, Kansas.—“I have been most successful in the treatment of chancreoids by the following plan: I apply subnitrate of bismuth as a dusting powder with tannin (but do not think the latter essential), as follows: R.—Bismuthi subnit. $\frac{3}{4}$ j; tannin 3 j. M. S.—Apply night and morning. I also apply an ointment of the same, 3 ij bismuth, $\frac{3}{4}$ j adeps, on lint or old linen, to prevent contact of the surfaces. Internally the following: R.—Ferriet potass. tart. 3 ijss; potass. chlorat. 3 iss; aquæ $\frac{3}{4}$ iv. M. S.—One half-teaspoonful before meals. The worst cases recover in five days. I order the parts washed with soap and water twice a day, and then dusted; afterwards the unguent applied on cloth.”—*Med. News and Lib.*

DISINFECTING COTTON.—It has long been known that the best disinfecting agent for wounds, cancers, ulcers, and decaying animal matter is the permanganate of potash. Dr. Fresenius possesses a method for applying it which seems to overcome many of the difficulties hitherto felt in practice, and this consists in saturating gun-cotton with a solution of the permanganate of potash. The gun-cotton is not decomposed by the manganese salt,

as ordinary cotton is, but seems to expose and keep the greatest amount of surface for the action of the disinfectant. Bandages of the gun-cotton thus saturated with permanganate of potash can be readily applied, and in cases of open wounds, cancers, and the like, must prove very acceptable to surgeons. The gun-cotton is harmless as long as it is wet, and is an article that can be obtained in any quantity since its great use in photography. Permanganate of potash must be applied in solution in order to be effective, and is an agent that ought to be more generally known and applied in this country than it has hitherto been.—*Journal of Applied Chemistry.*

EXCISION OF THE CLITORIS AND NYMPHÆ. By J. Arkwright, Esq., Bowden.—A. B., aged thirty-nine, a married lady, with one child, had for several years been in bad health, suffering from indigestion, great constipation of the bowels (requiring the almost daily use of aperients); an almost constant desire to pass urine, returning during the twelve months preceding the operation every ten or fifteen minutes, night and day, and thereby sadly hindering her from sleeping; a frequent feeling as if the uterus were being forced down into the vagina; and, as a consequence of these disturbing agencies, great emaciation, and such an excited sensibility of the nervous system that for days together she could not bear the presence of her nearest relatives, and required the constant attendance of a night-nurse and a day one.

For weeks together no solid food was taken, and for several months the patient only left her bed from necessity, and at the time of the operation she was so debilitated that she could not walk without assistance.

The lady had been under the care of several eminent medical men, and been carefully examined by them, and had been subjected to various kinds of treatment, but with only trifling and temporary benefit; and as I also failed to do her any real good, in January, 1869, I accompanied her to London, where I had a consultation with a specialist of the highest reputation, who, after a most minute examination of the uterus and its appendages, the bladder and rectum, as well as of the various other organs, expressed an opinion that, beyond the continued use of iron, he could not suggest any treatment different from that which had already been pursued, and he thought the distressing symptoms might abate when the cessation of the menses occurred. Under the impression that long before that time the patient's bodily or mental condition would have succumbed, I resolved to consult Mr. Baker Brown, and the result was that under the action of chloroform he removed an indurated clitoris and congested and elongated nymphæ, and he also divided a fissure of the rectum. The result was that in a few days—so soon, in fact, as the wounds ceased to be painful—the patient slept several hours at a time; all the distress of the bladder passed away, the action of the bowels became normal, the appetite and digestive powers returned, the strength was rapidly regained, and without any relapse the patient fattened, her extreme nervousness passed away, and she resumed her place in society, and is at this moment—a year and three-quarters after the operation—in the enjoyment of perfect health. It may

be mentioned that most of the medical gentlemen who saw the case failed to discover any organic disease, though several expressed an opinion that mischief might possibly exist in the bladder or fundus of the uterus—an opinion which the result proved to be erroneous.—*Brit. Med. Jour.*

BROMIDE OF POTASSIUM IN UTERINE FIBROIDS.—In the Boston Gynaecological Society a case of fibroid tumor of the uterus, which had been as large as "a small child," was reported cured by the steady employment of bromide of potassium for eight-en months. Dr. Storer had used both this salt and the chloride of ammonium—the latter in some cases with benefit, though he seemed to think that the occasional shrinkage and disappearance of such tumors, previous to the passage of the climacteric, were rather coincidences than the effects of treatment. Dr. Sullivan preferred the bromide to the iodide, because it "produced a more profound effect on the nervous system, and hastened molecular metamorphosis."

'**CURE OF FISTULA IN ANO WITHOUT THE KNIFE**—Dr. Edward C. Huse, of Rockford, Illinois, writes to the *Medical Record*:

"A prompt and successful result in several cases of anal fistula, treated by injection of iodine, has induced me to call attention to this subject. While disclaiming, of course, any originality for this *plan* of treatment, the manner in which I have employed it is probably somewhat new. At all events, it has thus far been entirely and permanently successful in my hands; and the suggestions of M. Henry, assistant to M. Bonnafont, as long ago as 1858, on this subject, seem to have met with undeserved neglect.

"The iodine should be employed in the form of a *saturated ethereal tincture*. Its advantages over the officinal or alcoholic tincture are obvious. It is not only *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily, and a pure coating of iodine is left along the fistulous track, which doubtless encourages absorption.

"The instrument I have used is an ordinary hypodermic syringe, with small silver canula, which may be readily bent to correspond with the direction of the sinus.

"The mode of operation is as follows:

"After exploring the fistula with a *very small* probe (the ordinary probe of the pocket case is far too large), after determining its course and extent, the patient is to be placed in a good light, and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature, and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity or dread of the subsequent operation.

"Next, by pressure, the fistula, in its whole extent, should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of carded cotton. This will absorb any of the iodine which might otherwise be injected *through* and injure the

mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation.

"The canula may now be re-inserted and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

"The operation, which is not very painful, should be premised with a cathartic and followed with a full anodyne, as ordinarily with the time-honored knife-method. The patient need not be confined to his bed or room, even for an hour."

EYE-SALVE IN "GRANULAR LIDS" AND CASES OF CHRONIC OPHTHALMIA.—Dr. John Williams (*Dublin Quarterly Journal*), after long experience, speaks most confidently of the following ointment: B. Arsenice sulphureti, gr. ij; unguenti citrini, 3 ij; axungiae preparat., 3 vj. M. Bene.

The upper eyelids should be everted in cases of "granular lids," and about the size of a hemp seed of this ointment should be applied with a camel's-hair pencil, which must be introduced into the superior palpebral sinus, to the diseased conjunctiva. In suggesting this local remedy he is not unmindful of general treatment.—*Medical Record*.

ACETIC ACID AND CREOSOTE IN CANCER OF THE BREAST.—The Italian journal, *L'Ippocratico*, mentions a case of cancer of the breast cured by acetic acid and creosote.

A lady, fifty-five years old, suffered for seven years from a painful tumor of the breast. It was a large ulcer; the glands were enlarged—the constitution weakened. An operation was not advisable. Concentrated acetic acid, half an ounce; creosote, three drachms; water, fourteen ounces, were applied with lint four or five times a day. In one month and a half the ulcer was healed and the health restored completely.

CHLOROFORM IN THE TREATMENT OF BILIARY CALCULI.—John Barclay, M.D., Physician to the Leicester Infirmary, recently gave to a clergyman, aged fifty eight, in his third attack from gall-stones, chloroform, in two or three-drop doses, three or four times a day, and, to his surprise, pain, tenderness, distension and jaundice disappeared together.

THE TREATMENT OF GONORRHOEA AND GLEET BY TANNIN AND GLYCERINE.—Dr. Schuster, finding that the ordinary methods of treatment of these affections are not very successful—the abortive treatment with strong solutions of caustics not unfrequently producing violent pain, severe inflammation and hemorrhage, whilst weak caustic solutions, though effecting a cure of the gonorrhœa, often leave a troublesome gleet behind—suggests a new plan of treatment by means of tannin and glycerine. When these two substances are mingled together, they in the first instance form a soft, waxy substance, which soon becomes hard and brown, but again softens when exposed to a moist atmosphere at about 100° Fahrenheit.

The tanno-glycerine rods employed by Dr. Schuster are three or four

[July,

inches long, cylindrical, with well-rounded ends, and are composed of—tannin, thirty grains; opium powder, one grain; and a sufficient quantity of glycerine to form a pastil. These pencils are hard in winter, soft in summer, and require to be immersed, for a few moments before their introduction, in warm water. They should be left in the urethra for a few minutes, and then gently withdrawn. As a rule, they occasion no pain, though this follows if they are left in for as long a period as an hour—the cause appearing to be that the tannin forms a concrete mass with the mucus or pus, that acts like a foreign body.

Dr. Schuster has not observed orchitis, irritation of the prostate, or inflammation of the bladder, follow their use, though he usually recommends the employment of a suspensory bandage.

Dr. Schuster believes that the seat of gleet is in the portion of the urethra traversing the glands, and here the use of the pencil is very beneficial. In one case, in which it was well marked, a single application changed the urethra from a dark to a pale red color, and materially diminished the swelling; and a second application, five days subsequently, effected a cure.—*Archiv. für Dermat. u. Syphil.* Band ii., 1870, p. 176.—*London Practitioner* (Balt. Reprint).

TREATMENT OF SCABIES OR ITCH.—With regard to the efficacy of sulphur in the treatment of this disease, Dr. Carl H. Smith, of Kenton, Ohio, writes the Boston *Medical and Surgical Journal* that he has employed it, mixed with glycerine to the consistence of an ointment, in upwards of five hundred cases, in civil and army practice, with unfailing success. In three or four days the disease disappeared in every instance, one or two applications having been made daily.

ITEMS AND INTELLIGENCE.

SURGICAL CLINIC OF THE HAHNEMANN MEDICAL COLLEGE, CHICAGO.— This clinic has been growing in interest and importance since the opening of the new college building. It now ranks as one of the best in the United States. In order to make it the best in the world, it is only necessary that practitioners in the Northwestern States should send in cases as opportunity presents—*especially during the college session.* A large class will assemble the coming winter, and the professors could do no better service for our cause than to fill up this surgical clinic with cases of interest. If each practitioner should send in one case only, it would add several hundred interesting cases to our present resources, and make this the best college clinic on the continent. Let us see what can be done.

OUR FOREIGN SUBSCRIBERS AND EXCHANGES have frequently to complain that they do not receive the JOURNAL; we desire to say that this is due entirely to inefficiency in the mail service somewhere, as the JOURNALS have all been properly directed and regularly mailed by us.

IN Wilmington, Del., the trustees of the poor have resolved to revolutionize the method of treatment at the almshouse, and have elected homœopathic physicians in place of those of the allopathic school. The next largest charitable institution in that place has also been placed under homœopathic management.—*Home and Health, July, 1871.*

PATHOLOGY OF THE FLOATING KIDNEY.—Dr. Rud. H. Ferber reports in *Virchow's Archives* (vol. lii., p. 95) two cases of floating kidney. One of them followed a fall upon the back, which he thinks is the most common cause. The cellular tissue about the kidney, or the duodeno-renal ligament become relaxed, the peritoneum yields, and there is nothing to keep the kidneys in place excepting the large blood vessels and ureters.

HONOR TO WHOM HONOR, ETC.—The Providence (R. I.) *Evening Bulletin* for June 29th contains the following: "Dr. Courtland Hoppin, of this city, who was removed some time since from the office of Pension Surgeon, because he was a practitioner of Homœopathy, has received official notice of his restoration thereto, by the new Commissioner, Gen. Baker."

NOT BAD.—The Cleveland *Herald* speaks of the late Philadelphia Homœopathic Convention as composed of the "little pillers" of the medical profession.

AT the recent annual meeting of the Chicago Academy of Medicine the following well-known physicians were elected to office: Dr W. Danforth, *President*; Dr. F. A. Lord, *Vice-President*; Dr. E. A. Ballard, *Secretary*; Dr. E. M. P. Ludlam, *Treasurer*; and Drs. R. Ludlam, T. S. Hoyne and R. N. Foster, *Censors*. The Academy is in a flourishing condition. Its meetings are held regularly once a fortnight.

THE *Rivista Omiopatica* for March, 1871, published simultaneously in Rome, Turin and Naples, prints a translation into the Italian language, of Dr. Small's article on Amaurosis as an extract from this JOURNAL.

DEPARTURE OF DR. HENRY N. SMALL FOR EUROPE.—One of the most pleasant affairs of the season was an impromptu entertainment given to Dr. H. N. Small, of this city, July 12th, on the eve of his departure for Europe. Speeches were made by Drs. D. S. Smith, W. Danforth, A. E. Small, E. M. Hale, R. Ludlam, J. S. Mitchell J. E. Gilman and others. The Doctor will spend a year abroad, and our readers will hear from him through the pages of this JOURNAL.

SPECIMEN copies of this issue of the JOURNAL will be sent to a few prominent physicians, whose names are not already on its subscription list, in the hope of interesting them in the enterprise, and of adding them to the catalogue of its readers and contributors. This is a *College Number* — the first of its kind; it affords something of a criterion of the home sources upon which we must mainly depend for practical matter wherewith to fill its pages. Reference to Vol. VI. will show, however that we have the aid of many working, reliable physicians from all quarters. What with the resources of the Hahnemann Medical College, Hospital and Dispensary, and the Chicago Academy of Medicine — of which institution this is the organ, and the help of our friends, we hope and intend to make this JOURNAL indispensable to the craft.

THE Woman's Department of the Scammon Hospital, in charge of Prof. Ludlam, is now open for the reception of patients. Physicians residing in any part of the country, having intractable cases of uterine, ovarian and kindred diseases, of whatever variety, which they would like to place in the care of an experienced specialist, are invited to send them here. Letters of inquiry should be addressed to Dr. R. Ludlam, No. 528 Wabash avenue, Chicago, Ill.

HOMOEOPATHIC MEDICAL SOCIETY.—On Tuesday evening, May 23d, the organization of the San Francisco County Medical Society of Homœopathic Practitioners was completed, and the following officers were elected: J. P. Dinsmore, M.D., *President*; J. H. Floto, M.D., *Vice-President*; W. N. Griswold, M.D., *Rec. Secretary*; E. J. Fraser, M.D., *Cor. Secretary*; A. A. Thiese, M.D., *Treasurer*; J. Esten, M.D., F. Hiller, M.D., M. J. Werder, M.D., *Board of Censors*.

DR. G. A. PERINE, late Examining Surgeon of the Pension Bureau, who was removed by Ex-Commissioner of Pensions, Van Aerman, because he was a Homœopathist, has been appointed by the present Commissioner a member of the Board of Examining Surgeons at Milwaukee.

THE NEW FEATURE of our *Prospectus*, to be found in the advertising pages, ought not to be overlooked by our readers and contributors. "Tall aches from little toe corns grow," as the old proverb says, and men who write well for one dollar per page this year, may command more another year, until the toil becomes a positive pleasure. Please send in your contributions.

N. F. PRENTICE, M.D., Prof. of Theory and Practice of Medicine in Hahnemann Medical College, Chicago, sends us a valuable article on Some of the Causes of Infantile Convulsions, but the paper arrived too late for insertion in the present number.

THE PATENT MODE OF LIVING.—I am sometimes lost in delight as I read the confident and generous directions of some man who has solved the problem of correct living, and given his gospel to the world. How much better than any imagined millennium will that be when we conform all our vile bodies to his body; what a sweet uniformity when we all eat, and drink, and sleep, and dress, and exercise exactly as he has found it best for him. The process of natural selection has been carried quite far enough. Let us be of one mind and diet; bran of one bran, flesh of one flesh. We shall all go to bed at one hour, and that right early—except the editors of morning journals, who will have a dispensation to die early. We shall all rise, like a bed of crocuses in spring, at a very early hour, and all together. Sickness will not excuse us, for there will be no excuse for sickness. At the same moment we shall be engaged in taking an air bath, a plunge bath, a sponge bath, a dry rub; and then dressing according to a tabular set of figures, furnished by the central authority, showing the proper weight of each garment, according to the temperature indicated by the thermometer, we shall all take a brisk walk of eleven minutes. We shall all saw wood for half an hour, if we have no lifting machine, and then sit down to breakfast, to consist of half a pint of filtered water (free of all animal substances), and two quarters of a dried apple, or any other fruit in season, to be eaten with the utmost cheerfulness, and even with a little moderate hilarity. A fried apple with hilarity is to be avoided. After breakfast, we are to go to our various occupations with a clear mind and an elastic frame. By 12 o'clock we shall be quite ready for dinner. This meal is to be varied every day in the week—different kinds of bran bread, different kinds of cracked wheat, different kinds of dried apples, and other sorts of fruit that do not contain a certain kind of acid which is hostile to the standard stomach of the reformer whom we follow, to be eaten with a great deal of merriment (no matter who has died, or who has gone into bankruptcy), to be eaten in large quantities. In fact, we are to eat all we want at this king meal, with one restriction. We are to leave off hungry and extremely hilarious. The

dinner is to cost not over eight cents, except you dine with a friend, and he pays the bill, in which case you may take sugar on your fruit. After dinner you may take a siesta of twenty minutes, and a nap in your chair, but do not lie down; and sleep with your mouth shut if fly time, for animal food is absolutely prohibited. These directions may seem unimportant; but nothing is trivial to an immortal man, as you will feel when you go to your business with a springing step, a sparkling eye, glowing cheeks, fire in every limb, exultant blood in every muscle, and the consciousness that you have no butcher's bill, grocer's bill, or milkman's, that you owe no man a dollar, and can keep all the commandments just as easy as you can wink. As you walk along the street, you occasionally jump into the air four or five feet, or leap over the boundary fence and back, and laugh aloud. At supper it is best for you to eat nothing, excepting your own cheerfulness. But, if Nature will have something, try a little brown bread, raised without yeast, slowly masticating it, thinking about butter, and being careful to call up no image that will induce excessive laughter; for this is the time to begin to tranquillize the mind and prepare for self-satisfied slumber.—*Charles D. Warner.*

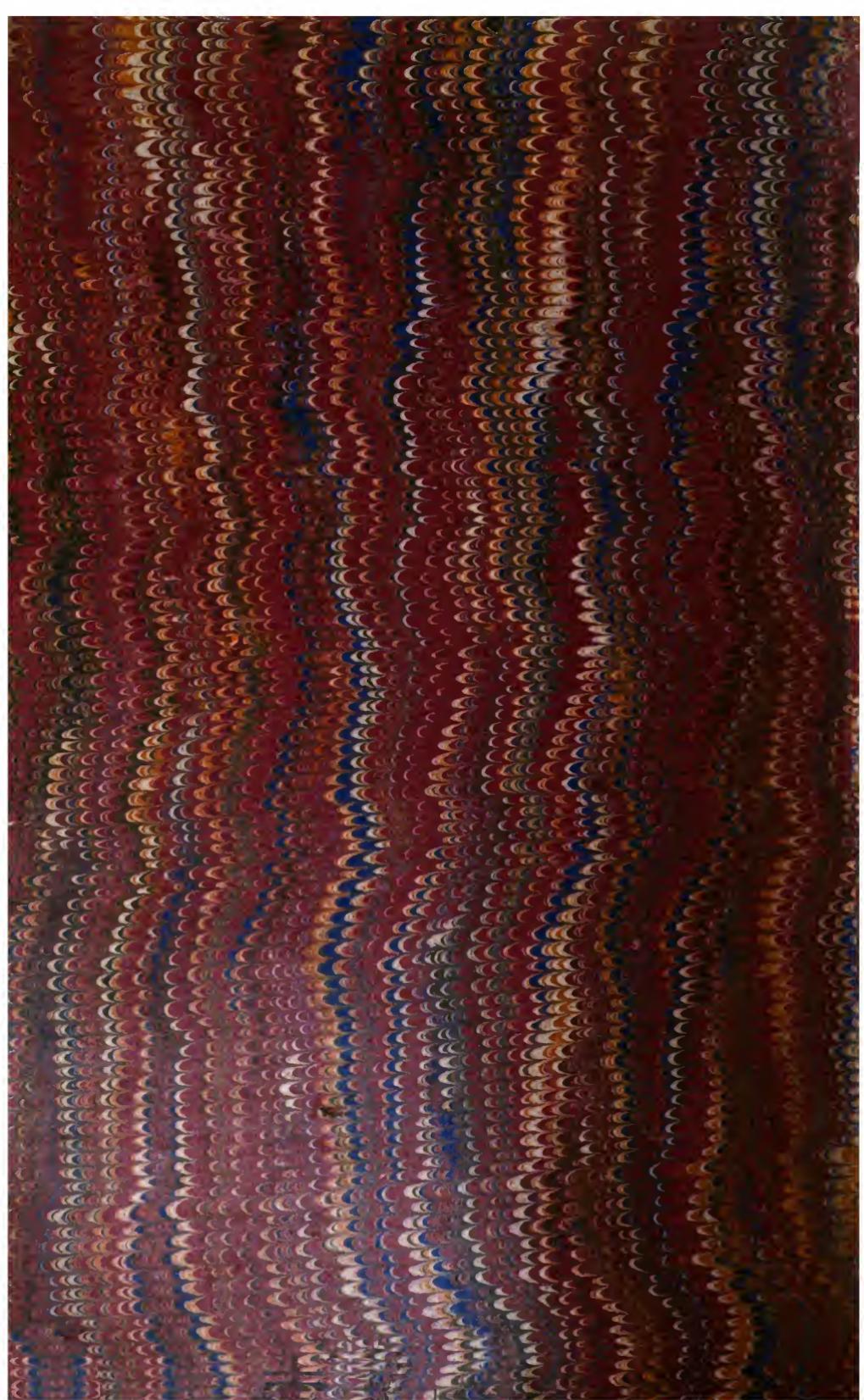
CORRESPONDENTS will please note the following changes of residence: In Chicago, Dr. T. S. Hoyne to 817 Wabash ave.; Dr. F. A. Lord to 1204 Prairie ave.; Dr J. S. Mitchell to 871 Michigan ave., and Dr. R. Ludlam to 526 Wabash ave.; also Dr. C. N. Dorion to Kansas City, Mo., and Dr. C. G. Higbee to St Paul, Minn.

IN addition to our regular exchanges we have received No. 1 of *New Remedies*, a Quarterly Retrospect of Therapeutics, Pharmacy and Allied Subjects, edited by Horatio C. Wood, Jr., M.D., etc., etc. New York, Wm. Wood & Co.; — *Transactions of the Second Annual Session of the Society of Hom. Physicians of Iowa*, held in Keokuk, May 10th and 11th, 1871; — *The North-Western Medical and Surgical Journal*, Alex. J. Stone, M.D., Editor, St. Paul; — *Cinchona Officinalis and its Alkaloid, Sulphate of Quinioe*, by W. H. Burt, M.D., of Lincoln, Ill.; — *Medical Education*. The Annual Address before the N. Y. Hom. Med. Soc'y, by R. McMurray, M.D., of New York; — *The Family Medical Investigator*, J. Feld, M.D., Editor, Kansas City, Mo.; — *Theriaki and their Last Dose*. By Dr. S. B. Collins, Chicago; — *Medicine as an Art and as a Science*; an address before the Mass. Hom. Med. Soc'y, by Daniel Holt, M.D., of Lowell, Mass.; — *The Medical World*, a Monthly Journal of American and Foreign Medical, Physiological, Surgical and Chemical Literature, Criticism and News, edited by Reuben A. Vance, M.D., July, 1871, N. Y., Wm. Baldwin & Co.; — *Thirteenth Annual Report of the Chicago Charitable Eye and Ear Infirmary*, for the year 1870; — *Modern Spiritualism*: Its Scientific and Moral Aspects, by J. S. Douglas, A.M., M.D., Ph.D., Milwaukee, 1871; — *Home and Health*, a Monthly Magazine, devoted to Health and the Home Circle, W. R. DePuy & Bro., 805 Broadway, N. Y.; and a number of volumes, including the *Trans. of the N. Y. Hom. Med. Soc'y* for 1870, which will be reviewed in our next issue.

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